PCT

(30) Priority Data:

PA 1998 01261

WORLD INTELLECTUAL PROPERTY ORGANIZATION International Bureau



INTERNATIONAL APPLICATION PUBLISHED UNDER THE PATENT COOPERATION TREATY (PCT)

(51) International Patent Classification 7:
A61K 39/00
A2
(11) International Publication Number: WO 00/20027
(43) International Publication Date: 13 April 2000 (13.04.00)

DK

(21) International Application Number: PCT/DK99/00525

(22) International Filing Date: 5 October 1999 (05.10.99)

60/105,011 20 October 1998 (20.10.98) US

5 October 1998 (05.10.98)

(71) Applicant (for all designated States except US): M & E BIOTECH A/S [DK/DK]; Kogle Allé 6, DK-2970 Hørsholm (DK).

(72) Inventors; and
(75) Inventors/Applicants (for US only): STEINAA, Lucilla [DK/DK]; Viktoriagade 28, 3. th., DK-1655 København V (DK). MOURITSEN, Søren [DK/DK]; Lindevangsvej 24, DK-3460 Birkerød (DK). NIELSEN, Klaus, Gregorius [DK/DK]; Lykkesborg Allé 15, DK-2860 Søborg (DK). HAANING, Jesper [DK/DK]; Biskop Svanes Vej 2E, DK-3460 Birkerød (DK). LEACH, Dana [US/DK]; Ved Store Dyrehave 44, DK-3400 Hillerød (DK). DALUM, Iben [DK/DK]; Olgasvej 13, DK-2970 Hørsholm (DK). GAUTAM, Anand [GB/DK]; Ved Store Dyrehave 22, st.tv., DK-3400 Hillerød (DK). BIRK, Peter [DK/DK]; Rudolph Berghsgade 5, DK-2100 København ø (DK).

KARLSSON, Gunilla [SE/DK]; Collinsgade 6A, 3. tv., DK-2100 København ø (DK).

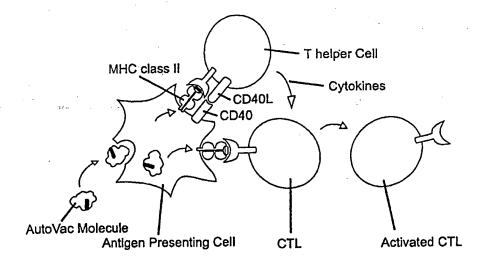
(74) Agent: PLOUGMANN, VINGTOFT & PARTNERS A/S; Sankt Annae Plads 11, P.O. Box 3007, DK-1021 Copenhagen K (DK).

(81) Designated States: AE, AL, AM, AT, AT (Utility model), AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CR, CU, CZ, CZ (Utility model), DE, DE (Utility model), DK, DK (Utility model), DM, EE, EE (Utility model), ES, FI, FI (Utility model), GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SK (Utility model), SL, TJ, TM, TR, TT, UA, UG, US, UZ, VN, YU, ZA, ZW, ARIPO patent (GH, GM, KE, LS, MW, SD, SL, SZ, TZ, UG, ZW), Eurasian patent (AM, AZ, BY, KG, KZ, MD, RU, TJ, TM), European patent (AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE), OAPI patent (BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG).

Published

Without international search report and to be republished upon receipt of that report.

(54) Title: NOVEL METHODS FOR THERAPEUTIC VACCINATION



(57) Abstract

A method is disclosed for inducing cell-mediated immunity against cellular antigens. More specifically, the invention provides for a method for inducing cytotoxic T-lymphocyte immunity against weak antigens, notably self-proteins. The method entails that antigen presenting cells are induced to present at least one CTL epitope of the weak antigen and at the same time presenting at least one foreign T-helper lymphocyte epitope. In a preferred embodiment, the antigen is a cancer specific antigen, e.g. PSM, Her2, or FGF8b. The method can be exercised by using traditional polypeptide vaccination, but also by using live attenuated vaccines or nucleic acid vaccination. The invention furthermore provides immunogenic analogues of PSM, Her2 and FGF8b, as well as nucleic acid molecules encoding these analogues. Also vectors and transformed cells are disclosed. The invention also provides for a method for identification of immunogenic analogues of weak or non-immunogenic antigens.

FOR THE PURPOSES OF INFORMATION ONLY

Codes used to identify States party to the PCT on the front pages of pamphlets publishing international applications under the PCT.

						-	•
۸L	Albania	ES	Spain	LS	Lesotho	SI	Slovenia
AM	Armenia	FI	Finland	LT	Lithuania	SK	Slovakia
ΑT	Austria	FR	France	LU	Luxembourg	SN	Senegal
ΑÜ	Australia	GA	Gabon	LV	Latvia	SZ	Swaziland
ΑZ	Azerbaijan	GB	United Kingdom	MC	Monaco	TD	Chad
BA	Bosnia and Herzegovina	GE	Georgia	MD	Republic of Moldova	TG	Togo
BB	Barbados	GH	Ghana	MG	Madagascar	TJ	Tajikistan
BÉ	Belgium	GN	Guinea	MK	The former Yugoslav	TM	Turkmenistan
BF	Burkina Faso	GR	Greece		Republic of Macedonia	TR	Turkey
BG	Bulgaria	HU	Hungary	ML	Mali	TT	Trinidad and Tobago
BJ	Benin	IE	Ireland	MN	Mongolia	UA	Ukraine
BR	Brazil	IL	Israel	MR	Mauritania	UG	Uganda
BY	Belarus	IS	Iceland	MW	Malawi	US	United States of America
CA	Canada	IT	Italy	MX	Mexico	UZ	Uzbekistan
CF	Central African Republic	JP	Japan	NE	Niger	VN	Viet Nam
CG	Congo	KE	Kenya	NL	Netherlands .	YU	Yugoslavia
CH	Switzerland	KG	Kyrgyzstan	NO	Norway	ZW	Zimbabwe
CI	Côte d'Ivoire	KP	Democratic People's	NZ	New Zealand		
CM	Cameroon		Republic of Korea	PL	Poland		
CN	China	KR	Republic of Korea	PT	Portugal		
CU	Cuba	KZ	Kazakstan	RO	Romania		
CZ	Czech Republic	LC	Saint Lucia	RU	Russian Federation		
DE	Germany	LI	Liechtenstein	SD	Sudan		
DK	Denmark	LK	Sri Lanka	SE	Sweden		
EE	Estonia	LR	Liberia	SG	Singapore		

1

NOVEL METHODS FOR THERAPEUTIC VACCINATION

FIELD OF THE INVENTION

The present invention relates to novel methods for combatting diseases, such as cancers, which are characterized by the 5 presence of cell-associated gene expression products which are non-immunogenic or poorly immunogenic. In particular, the present invention relates to methods for inducing an immune response conducted by cytotoxic T-lymphocytes (CTLs), whereby cells carrying epitopes from the gene expression products are attacked and killed by the CTLs. The invention also relates to a method of preparing immunogenic, modified polypeptide antigens which are derived from weakly immunogenic antigens.

The invention further relates to a series of applications of Applicants' AutoVac technology (which is the subject of WO 95/05849) within the field of therapeutic vaccination against cancer.

BACKGROUND OF THE INVENTION

The idea of vaccinating against cancer has been around for more than hundred years and has enjoyed recurrent bursts of activity, particularly since the turn of this century.

However, during the past 10 years the understanding of the fundamental molecular mechanisms of the immune response has improved considerably. Among the most important milestones achieved during this period has been the discovery of the still growing list of cytokines and growth factors, the understanding of the mechanisms of interaction between T and B cells as well as the establishment of the cellular antigen processing pathways including the role and structure of the MHC class I and II molecules in antigen presentation. Impor-

tant discoveries with regard to cancer immunology - although still not fully understood - were also the elucidation of the mechanisms underlying induction of immunological tolerance in a host. All this research has led to a huge amount of efforts in order to develop new treatments for human cancer.

Depending on how tumour immunity is acquired by the patient, immunotherapy regimens can be categorised as either passive or active. In passive immunotherapy regimens the patient passively receives immune components such as cytokines, antibodies,

- 10 cytotoxic T-cells, or lymphocyte activated killer (LAK) cells. In contrast, active specific immunotherapy protocols encompass actively inducing tumour immunity by vaccination with the tumour cell or its antigenic components. This latter form of treatment is preferred because the immunity is prolonged.
- 15 Passive and active cancer vaccines have focussed on inducing either humoral or cellular immune responses. For active vaccines it is well established that induction of CD4 positive T helper cells is necessary in order to secondarily induce either antibodies or cytotoxic CD8 positive T cells.
- 20 Passive vaccination with antibodies

Since the discovery of the monoclonal antibody technology in the mid-seventies, a large number of therapeutic monoclonal antibodies directed against tumour specific or tumour associated antigens has been developed. Monoclonal antibody therapy,

- 25 however, gives rise to several serious problems:
 - Injection of these foreign substances induces an immune response in the patient towards the injected antibodies, which may lead to less efficient treatment as well as to serious allergic side-effects in the patients.

- Monoclonal antibodies usually must be administered in large amounts. This is a problem, since the production costs of monoclonal antibodies are huge.
- Monoclonal antibodies must be administered via the parenteral route and due to the relatively large amounts needed, the patients frequently must be hospitalised during the treatment.
- Injections of monoclonal antibodies must be repeated at rather_short intervals (weeks) in order to maintain
 therapeutic effect.
 - Monoclonal antibodies are usually not able to activate secondary effector systems of the immune system such as complement, NK-cells or macrophage killing of tumour cells.
- 15 The latter disadvantage is of particular importance in cancer therapy and may be an important reason why monoclonal antibody therapy of cancer in several cases has not been particularly successful. The so-called humanised monoclonal antibodies now used by many companies are less immunogenic, but unfortunately
- 20 they are even less capable of activating the secondary immune effector systems. Furthermore, examples of secondary outgrowth of tumours lacking the original tumour antigen have been observed, since these antibodies do not induce "innocent bystander" effects on tumour cells not carrying the tumour
- 25 antigen.

The poor effector capability of the monoclonal antibodies has led to the development of monoclonal antibodies chemically conjugated to different toxins and radioisotopes. Pharmacia Upjohn AB has e.g. developed a conjugate between a monoclonal tumour specific antibody and the Staphylococcus aureus toxin A

with the purpose of activating T cells in the tumour. Medarex Inc. has developed bispecific monoclonal antibodies containing a tumour specific Fab fragment as well as an Fc-receptor specific antibody fragment with the purpose of activating macrophage killing of tumour cells. Both constructs are more effective than the monoclonal antibody alone, but they are also more expensive and immunogenic. Antibodies conjugated to radioisotopes are also expensive as well as immunogenic and other general toxic side-effects are observed.

- major step forward which enabled the production of well-defined, high-affinity binding molecules. However, being monoclonal these antibodies only react with a single type of epitope on a tumour antigen. This is the major reason why they usually are not able to activate the complement system or binding to the Fc-receptors of NK-cells and macrophages. These very powerful effector systems usually require the co-localisation of multiple Fc antibody fragments protruding from the antigen.
- Other researchers have therefore attempted to use two monoclonal antibodies in combination and this has led to an improved
 effect. It therefore seems very reasonable instead to attack
 tumour cells with highly specific polyclonal antibodies directed against a tumour specific, or against (over-expressed)

 25 tumour associated antigens or growth factor receptors. Such
 antibodies would be fully capable of activating the secondary
 effector systems mentioned above. Furthermore, it is likely
 that the local inflammatory reaction induced by these effector
 systems could lead to secondary effects on "innocent by30 stander" cells not expressing the tumour antigen in question
 as well as to activation of tumour specific TIL's (tumour
 infiltrating lymphocytes) in the tumour tissue. Such effects

have been observed by Medarex Inc. using their bi-specific monoclonal antibody conjugates.

Since the discovery of the monoclonal antibody technology the potential use of polyclonal antibodies for cancer therapy has 5 not been explored very much (except for the antigens described below). One major reason is that well-defined tumour specific or tumour associated surface antigens only have been characterised within the recent years, but - more importantly - many of these have turned out to be self-antigens and therefore 10 non-immunogenic. Accordingly, xenogenic polyclonal antibodies would necessarily have been used to study the effects. However, such antibodies induce a vigorous immune response towards the injected foreign polyclonal antibodies which rapidly eliminate the therapeutic effects.

15 Active vaccination to induce antibodies

Recent attempts to induce therapeutic polyclonal autoantibodies in cancer patients by active vaccination have been successful. Vaccines against membrane bound carbohydrate selfantigens (such as the O-linked aberrantly expressed Tn and 20 sTn-antigens and the ganglioside liposaccharides GM2 and GD3) have been developed. These small carbohydrate structures are, however, very poor antigens so conjugates of these molecules with carrier molecules such as keyhole limpet haemocyanin (KLH) or sheep mucins (containing Tn- and sTn) must be used. 25 In melanoma patients the induction of anti-GM2 antibodies were associated with a prolonged disease-free interval and overall survival after a minimum follow-up of fifty-one months. Also randomised phase II studies have been conducted on breast cancer patients using a conjugate of sTn and KLH in the DETOX-30 B adjuvant (BIOMIRA Inc.) showing that sTn immune patients had a significantly longer median survival compared to controls. Another example of the active induction of polyclonal antiboWO 00/20027 PCT/DK99/00525

6

dies in cancer is the use of idiotype specific vaccination against B-cell lymphomas, which - although it has been promising - is limited to this cancer type only.

Finally, the US company Aphton Inc. has developed active

5 conjugate vaccines against gonadotropin releasing hormone
(GnRH) and gastrin. It has been demonstrated, that this vaccine is capable of controlling the biological activity of these hormones, which also can function as autocrine growth factors for certain tumour cells. Successful phase II clinical trials have been conducted on gastrointestinal cancer patients and phase III clinical trials are underway.

Cytotoxic T-cells

It has been clearly demonstrated by several groups that tumour specific cytotoxic T cells (CTL's) are present in many tu15 mours. These CTL's are termed tumour infiltrating lymphocytes (TIL's). However, these cells are somehow rendered non-responsive or anergic by several different possible mechanisms including secretion of immunosuppressive cytokines by the tumour cells, lack of co-stimulatory signals, down regulation of MHC class I molecules etc.

There has been many attempts to isolate the tumour specific HLA class I bound peptides recognised by TILs, and in some cases it has also been successful (e.g. peptides from the melanoma associated antigens). Such peptides have been used to induce a tumour specific immune response in the host, but the practical use of tumour specific peptides in vaccines is restricted to a limited segment of the population due to the narrow HLA class I binding specificity of the peptides. Furthermore, it is usually relatively difficult to evoke a CTL response in vivo using synthetic peptides due to the low

biological half-life of these substances as well as the difficulties with exogenous priming of MHC class I molecules.

Many other approaches have been attempted in order to evoke a tumour specific CTL response including the use of cytokines

5 (e.g. IL-2, IFN-γ, IL-6, IL-4, IL-10 or GM-CSF) or costimulatory molecules (B7) either in soluble form or expressed by the transfected tumour cell. Furthermore, immunisations with allogenic or autologous whole cells, or of tumour antigens prepared in specialised adjuvants designed to present the 10 antigen via the MHC class I antigen presentation route, or tumour antigens expressed in e.g. vaccinia vectors etc. have been used with varying success. Still the general belief among tumour immunologists is therefore that one of the best ways to eliminate tumours would be to induce a strong specific anti-

Apart from the fact that these treatments usually are very expensive and difficult to reproduce, it has also turned out to be difficult to obtain a good immune response towards the tumour since many of the tumour associated antigens are true self-proteins to which most T cells appear to be tolerant. Therefore, it seems necessary to induce a controlled cellular autoimmune condition in the patient.

OBJECT OF THE INVENTION

It is an object of the present invention to provide improved

25 methods and agents for inducing immune responses in host
organisms against undesirable antigens, e.g. tumour antigens.

It is a further object to provide a method for preparing
polypeptide analogues of such undesirable antigens, analogues
which are capable of inducing an effective immune response

30 against the undesired antigen.

8

SUMMARY OF THE INVENTION

Presentation of antigens has dogmatically been thought of as two discrete pathways, a class II exogenous and a class I endogenous pathway.

5 Briefly, a foreign protein from outside the cell or from the cell membrane is taken up by the APC as an endosome which fuses with an intracellular compartment which contains proteolytic enzymes and MHC class II molecules. Some of the produced peptides bind to class II, which then are translocated to the cell membrane.

The class I endogenous pathway is characterised by the predominant presentation of cytosolic proteins. This is believed to occur by proteasome mediated cleavage followed by transportation of the peptides into the endoplasmic reticulum (ER) via TAP molecules located in the membrane of the ER. In ER the peptides bind to class I followed by transportation to the plasma membrane.

However, these 2 pathways are not fully distinct. For example it is known that dendritic cells and to some extend macro20 phages are capable of endocytosing (pinocytosing) extracellular proteins and subsequently present them in the context of MHC class I. It has also previously been demonstrated that using specialised administration routes, e.g. by coupling to iron oxide beads, exogenous antigens are capable of entering the Class I pathway (Rock, 1996). This mechanism seems central, because of the importance of a concomitant expression of both class I and class II on the same APC to elicit a three cell type cluster. This three cell type cluster of interaction has been proposed by Mitchison (1987) and later by other authors. They showed the importance of concomitant presenta-

WO 00/20027 PCT/DK99/00525

9

tion of class I and class II epitopes on the same APC. According to the recently described mechanism for CTL activation (cf. Lanzavecchia, 1998, Nature 393: 413, Matzinger, 1999, Nature Med. 5: 616, Ridge et al., 1998, Nature 393: 474,

5 Bennett et al., 1998, Nature 393: 478, Schoenberger et al., 1998, Nature 393: 480, Ossendrop et al., 1998, J. Exp. Med 187: 693, and Mackey et al., 1998, J. Immunol 161: 2094), professional APCs presenting antigen on MHC class II are recognized by T helper cells. This results in an activation of the APC (mediated by interaction by CD40L on the T helper cell and CD40 on the APC). This enables the APC to directly stimulate CTLs which are thereby activated. Cf. also Fig. 2.

It has previously been demonstrated that insertion of a foreign MHC class II restricted T helper cell epitope into a self-antigen results in the provision of an antigen capable of inducing strong cross-reactive antibody responses directed against the non-modified self-antigen (cf. applicant's WO 95/05849). It was shown that the autoantibody induction is caused by specific T cell help induced by the inserted foreign epitope.

However, we have come to the conclusion that modified selfantigens - with the aid of appropriate adjuvants - ought to be capable of also inducing strong CTL responses against MHC class I restricted self-epitopes and hence the technology 25 described in WO 95/05849 can be adapted to also provide vaccination against intracellular and other cell-associated antigens which have epitopes presented in the context of MHC Class I.

The autovaccine technology described in WO 95/05849 has the 30 effect that specific T cell help is provided to self-reactive B cells when a modified self-antigen is administered for uptake into the MHC class II antigen processing pathway (cf.

Fig. 1, and Dalum I et al., 1996, J. Immunol. 157: 4796-4804 as well as Dalum I et al., 1999, Nature Biotechnol. 17: 666-669). It was shown that potentially self-reactive B-lymphocytes recognizing self-proteins are physiologically present in 5 normal individuals. However, in order for these B-lymphocytes to be induced to actually produce antibodies reactive with the relevant self-proteins, assistance is needed from cytokine producing T-helper lymphocytes (TH-cells or TH-lymphocytes). Normally this help is not provided because T-lymphocytes in 10 general do not recognize T-cell epitopes derived from selfproteins when presented by antigen presenting cells (APCs). However, by providing an element of "foreignness" in a selfprotein (i.e. by introducing an immunologically significant modification), T-cells recognizing the foreign element are 15 activated upon recognizing the foreign epitope on an APC (such as, initially, a mononuclear cell). Polyclonal B-lymphocytes (which present T-cell epitopes) capable of recognising self-epitopes on the modified self-protein also internalise the antigen and subsequently presents the foreign T-cell 20 epitope(s) thereof, and the activated T-lymphocytes subsequently provide cytokine help to these self-reactive polyclonal B-lymphocytes. Since the antibodies produced by these polyclonal B-lymphocytes are reactive with different epitopes on the modified polypeptide, including those which are also 25 present in the native polypeptide, an antibody cross-reactive with the non-modified self-protein is induced. In conclusion, the T-lymphocytes can be led to act as if the population of polyclonal B-lymphocytes have recognised an entirely foreign antigen, whereas in fact only the inserted epitope(s) is/are 30 foreign to the host. In this way, antibodies capable of cross-reacting with non-modified self-antigens are induced.

As mentioned above, CTL's also require specific T cell help, although the mechanism for this is still not clear.

We have based the present invention on our novel theory that the self-proteins containing foreign MHC class II epitopes, following exogenous uptake, can gain access into the MHC class I antigen processing pathway of e.g. macrophages and dendritic cells. In this way a strong CTL response against subdominant epitopes in the self-protein could be induced. Alternatively, genes encoding modified tumour antigens could be administrated as nucleic acid vaccines eventually also leading to MHC class II as well as MHC class I mediated immune responses.

insufficient MHC class I expression, lack of co-stimulatory molecules or secretion of immunosuppressive cytokines etc.

Using the autovaccine constructs and vaccination protocol mentioned above the modified tumour antigen could be presented by MHC class I as well as by MHC class II molecules on professional antigen presenting cells. Co-presentation of subdominant self-epitopes on MHC class I and immunodominant foreign epitopes on MHC class II molecules would mediate a direct cytokine help from activated MHC class II restricted T-helper cells to MHC class I restricted CTLs (Fig. 2). This will in our opinion lead to a specific break of the T cell autotolerance towards the tumour antigen and this is exactly what is desired in cancer immunotherapy.

In conclusion, a vaccine constructed using the technology
25 outlined above will induce a humoral autoantibody response
with secondary activation of complement and antibody dependent
cellular cytotoxicity (ADCC) activity. It is also expected
that it will induce a cytotoxic T cell response directed
against e.g. a tumour specific membrane antigen.

30 Hence, in the broadest and most general scope, the present invention relates to a method for inducing an immune response against a polypeptide antigen in an animal, including a human

being, said polypeptide antigen being weakly immunogenic or non-immunogenic in the animal, the method comprising effecting simultaneous presentation by antigen presenting cells (APCs) from the animal's immune system of an immunogenically effec-5 tive amount of

- 1) at least one CTL epitope derived from the polypeptide antigen and/or at least one B-cell epitope derived from the cell-associated polypeptide antigen, and
- 2) at least one first T helper cell epitope (T_R epitope) 10 which is foreign to the animal.

In a more specific variant of the inventive method, the invention relates to a method for down-regulating a cell-associated polypeptide antigen in an animal, including a human being, said polypeptide antigen being weakly immunogenic or non-

- 15 immunogenic in the animal, by inducing a specific cytotoxic T-lymphocyte (CTL) response against cells carrying the cell-associated polypeptide antigen on their surface or harbouring the cell-associated polypeptide antigen in their intracellular compartment, the method comprising effecting, in the animal,
- 20 simultaneous presentation by a suitable antigen presenting cell (APC) of
 - 1) at least one CTL epitope derived from the cell-associated polypeptide antigen, and
- 2) at least one first T-helper lymphocyte (T_{H}) epitope which 25 is foreign to the animal.

Also, the novel strategy for preparing an immunogenic agent is part of the invention. This novel strategy encompasses the selection and production of analogues of weak cell-associated antigens, where the preservation of a substantial fraction of known and predicted CTL epitopes is aimed at while at the same time introducing at least one foreign T_H epitope.

Furthermore, the invention relates to certain specific immunogenic constructs based on known tumour-associated antigens as well as to compositions containing these constructs.

Finally, the invention relates to nucleic acid fragments,

5 vectors, transformed cells and other tools useful in molecular biological methods for the production of the analogues of the tumour-associated antigens.

LEGENDS TO THE FIGURE

- Fig. 1: The traditional AutoVac concept. A: Tolerodominant

 10 self-epitopes presented on MHC class II on an antigen presenting cell (APC) are ignored due to depletion in the T helper cell (Th) repertoire (T helper cell indicated with dotted lines). Inserted foreign immunodominant T cell epitopes presented on MHC class II activate T helper cells and B cells (B)

 15 specific for native parts of the self-protein presenting foreign immunodominant T cell epitopes on MHC class II are activated by the cytokine help provided by the T helper cell.
- Fig. 2: The AutoVac concept for inducing a CTL response.
 Inserted foreign immunodominant T cell epitopes presented on
 20 MHC class II activate T helper cells. CTL's recognising
 subdominant self-epitopes presented on MHC class I are activated by the adjacent activated T helper cell.
- Fig. 3: A schematic representation of the Her2 polypeptide with indications of epitopic regions and N-glycosylation
 25 sites. The 4 extracellular domains, the transmembrane (TM) domain and the 2 intracellular domains are represented with indications of sites with varying degrees of homology and sites containing putative/determined CTL epitopes.

Fig. 4: A schematic representation of the human PSM polypeptide with indications of insertion regions for the P2 and P30 epitopes.

- Fig. 5: The FGF genes and proteins. A: Exon-intron structure

 of the human and mouse FGF8 genes. Below is illustrated the
 eight different splice forms (from Gemel 1996). B: Amino acid
 sequence of the different FGF8 isoforms. The polypeptide
 stretches unique to FGF8b, FGF8f, and FGF8e are indicated by
 bold and italic or underlined typefaces. FGF8a is the shortest

 variant containing none of these highlighted sequences. The
 signal peptide is expected to be cleaved C-terminally to
 Ala22. The two cysteine residues found in mature FGF8(all
 isoforms) are indicated by thick underlining. The two potential N-glycosylation sites of FGF8b are indicated by Ñ. Numbering is according to FGF8b.
- Fig. 6: Illustrations of the four different variants of FGF8b designed for autovaccination. Upper panel: Theoretical models of the insertion-points of the epitopes using the FGF2 crystal structure as template. Lower panel: Amino acid sequences of the wild type FGF8b (WT) and the four variants F30N, F2I, F30I, and F2C. The signal peptide is marked with single underlining. The inserted peptides are marked with double underlining. The N-terminal sequence (MetAla) of all variants is due to generation of a Kozak-sequence (Kozak 1991) for better translation in eukaryotic systems.

DETAILED DISCLOSURE OF THE INVENTION

Definitions

In the following a number of terms used in the present specification and claims will be defined and explained in

WO 00/20027 PCT/DK99/00525

15

detail in order to clarify the metes and bounds of the invention.

A "cell-associated polypeptide antigen" is in the present specification and claims intended to denote a polypeptide

5 which is confined to a cell which is somehow related to a pathological process. Furthermore, the cell presents CTL epitopes of the polypeptide antigen bound to MHC Class I molecules on its surface. Cell-associated polypeptide antigens can therefore be truly intracellular antigens (and thereby

10 unreachable for a humoral immune response) or antigens bound to the surface of the cells. The cell-associated antigen can be the product of the cell's own gene expression, of a intracellular parasite, of a virus, or of another cell. In the latter case the polypeptide antigen is subsequently associated with the cell which is involved in the pathological process.

The terms "T-lymphocyte" and "T-cell" will be used interchangeably for lymphocytes of thymic origin which are responsible for various cell mediated immune responses as well as for effector functions such as helper activity in the 20 humoral immune response. Likewise, the terms "B-lymphocyte" and "B-cell" will be used interchangeably for antibody-producing lymphocytes.

An "antigen presenting cell" (APC) is a cell which presents epitopes to T-cells. Typical antigen-presenting cells are

25 macrophages, dendritic cells and other phagocytizing and pinocytizing cells. It should be noted that B-cells also functions as APCs by presenting T_H epitopes bound to MCH class II molecules to T_H cells but when generally using the term APC in the present specification and claims it is intended to refer to the above-mentioned phagocytizing and pinocytizing cells.

"Helper T-lymphocytes" or " T_{H} cells" denotes CD4 positive T-cells which provide help to B-cells and cytotoxic T-cells via the recognition of T_{H} epitopes bound to MHC Class II molecules on antigen presenting cells.

5 The term "cytotoxic T-lymphocyte" (CTL) will be used for CD8 positive T-cells which require the assistance of $T_{\rm H}$ cells in order to become activated.

A "specific" immune response is in the present context intended to denote a polyclonal immune response directed predominantly against a molecule or a group of quasi-identical molecules or, alternatively, against cells which present CTL epitopes of the molecule or the group of quasi-identical molecules.

A "weak or non-immunogenic polypeptide antigen" is herein

15 intended to denote polypeptides having the amino acid sequence
of the weak cell-associated protein antigens derived from the
animal in question (e.g. a human), but also polypeptides
having the amino acid sequence identical to analogues of such
proteins isolated from other species are embraced by the term.

- 20 Also forms of the polypeptides having differing glycosylation patterns because of their production in heterologous systems (e.g. yeasts or other non-mammalian eukaryotic expression systems or even prokaryotic systems) are included within the boundaries of the term. It should, however, be noted that when 25 using the term, it is intended that the polypeptide in question is normally non-immunogenic or only weakly immunogenic in
 - tion is normally non-immunogenic or only weakly immunogenic in its natural localisation in the animal to be treated.

The term "polypeptide" is in the present context intended to mean both short peptides of from 2 to 10 amino acid residues, 30 oligopeptides of from 11 to 100 amino acid residues, and polypeptides of more than 100 amino acid residues. Further-

more, the term is also intended to include proteins, i.e. functional biomolecules comprising at least one polypeptide; when comprising at least two polypeptides, these may form complexes, be covalently linked, or may be non-covalently linked. The polypeptide(s) in a protein can be glycosylated and/or lipidated and/or comprise prosthetic groups.

The term "subsequence" means any consecutive stretch of at least 3 amino acids or, when relevant, of at least 3 nucleotides, derived directly from a naturally occurring amino acid sequence or nucleic acid sequence, respectively.

The term "animal" is in the present context in general intended to denote an animal species (preferably mammalian), such as Homo sapiens, Canis domesticus, etc. and not just one single animal. However, the term also denotes a population of such an animal species, since it is important that the individuals immunized according to the method of the invention all harbour substantially the same weak, cell-associated polypeptide antigen allowing for immunization of the animals with the same immunogen(s). If, for instance, genetic variants of polypeptides exist in different human populations it may be necessary to use different immunogens in these different populations in order to be able to break the autotolerance towards the weak, cell-associated polypeptide antigen in each population.

25 By the term "down-regulation a cell-associated polypeptide antigen" is herein meant reduction in the living organism of the amount and/or activity of the antigen in question. The down-regulation can be obtained by means of several mechanisms: Of these, simple interference with the active site in the antigen by antibody binding is the most simple. However, it is also within the scope of the present invention that the antibody binding results in removal of the polypeptide by

scavenger cells (such as macrophages and other phagocytizing cells), and even more important, that cells carrying or harbouring the antigen are killed by CTLs in the animal.

The expression "effecting simultaneous presentation by a

5 suitable APC" is intended to denote that the animal's immune
system is subjected to an immunogenic challenge in a controlled manner which results in the simultaneous presentation
by APCs of the epitopes in question. As will appear from the
disclosure below, such challenge of the immune system can be

10 effected in a number of ways of which the most important are
vaccination with polypeptide containing "pharmaccines" (i.e. a
vaccine which is administered to treat or ameliorate ongoing
disease) or nucleic acid "pharmaccine" vaccination. The important result to achieve is that immune competent cells in the

15 animal are confronted with APCs displaying the relevant epitopes in an immunologically effective manner.

The term "immunogenically effective amount" has its usual meaning in the art, i.e. an amount of an immunogen which is capable of inducing an immune response which significantly engages pathogenic agents which share immunological features with the immunogen.

When using the expression that the weak cell-associated polypeptide antigens have been subjected to a "modification" is herein meant a chemical modification of the polypeptide

25 which constitutes the backbone of the polypeptide in question. Such a modification can e.g. be derivatization (e.g. alkylation) of certain amino acid residues in the amino acid sequence, but as will be appreciated from the disclosure below, the preferred modifications comprise changes of the primary structure of the amino acid sequence.

When discussing "tolerance" and "autotolerance" is understood that since the polypeptides which are the targets of the present inventive method are self-proteins in the population to be vaccinated or proteins which do not result in induction of an effective immune response, normal individuals in the population do not mount an immune response against the polypeptide. It cannot be excluded, though, that occasional individuals in an animal population might be able to produce antibodies against the native polypeptide antigen, e.g. as 10 part of a autoimmune disorder. At any rate, an animal will normally only be autotolerant towards its own polypeptide antigen, but it cannot be excluded that analogues derived from other animal species or from a population having a different phenotype would also be tolerated by said animal.

15 A "foreign T-cell epitope" is a peptide which is able to bind to an MHC molecule and stimulates T-cells in an animal species. Preferred foreign epitopes are "promiscuous" epitopes, i.e. epitopes which binds to a substantial fraction of MHC class II molecules in an animal species or population. Only a 20 very limited number of such promiscuous T-cell epitopes are known, and they will be discussed in detail below. It should be noted that in order for the immunogens which are used according to the present invention to be effective in as large a fraction of an animal population as possible, it may be 25 necessary to 1) insert several foreign T-cell epitopes in the same analogue or 2) prepare several analogues wherein each analogue has a different promiscuous epitope inserted. It should be noted that the concept of foreign T-cell epitopes also encompasses use of cryptic T-cell epitopes, i.e. epitopes 30 which are derived from a self-protein and which only exerts immunogenic behaviour when existing in isolated form without

being part of the self-protein in question.

A "foreign T helper lymphocyte epitope" (a foreign T_H epitope) is a foreign T cell epitope which binds an MHC Class Class II molecule and can be presented on the surface of an antigen presenting cell (APC) bound to the MHC Class II molecule.

5 A "CTL" epitope is a peptide which is able to bind to an MHC class I molecule.

A "functional part" of a (bio)molecule is in the present context intended to mean the part of the molecule which is responsible for at least one of the biochemical or-physiolo10 gical effects exerted by the molecule. It is well-known in the art that many enzymes and other effector molecules have an active site which is responsible for the effects exerted by the molecule in question. Other parts of the molecule may serve a stabilizing or solubility enhancing purpose and can therefore be left out if these purposes are not of relevance in the context of a certain embodiment of the present invention. For instance it is possible to use certain cytokines as a modifying moiety in the analogue (cf. the detailed discussion below), and in such a case, the issue of stability may be irrelevant since the coupling to the analogue provides the stability necessary.

The term "adjuvant" has its usual meaning in the art of vaccine technology, i.e. a substance or a composition of matter which is 1) not in itself capable of mounting a specific 25 immune response against the immunogen of the vaccine, but which is 2) nevertheless capable of enhancing the immune response against the immunogen. Or, in other words, vaccination with the adjuvant alone does not provide an immune response against the immunogen, vaccination with the immunogen 30 may or may not give rise to an immune response against the immunogen, but the combined vaccination with immunogen and

adjuvant induces an immune response against the immunogen which is stronger than that induced by the immunogen alone.

"Targeting" of a molecule is in the present context intended to denote the situation where a molecule upon introduction in 5 the animal will appear preferentially in certain tissue(s) or will be preferentially associated with certain cells or cell types. The effect can be accomplished in a number of ways including formulation of the molecule in composition facilitating targeting or by introduction in the molecule of groups which facilitates targeting. These—issues will—be discussed in detail below.

"Stimulation of the immune system" means that a substance or composition of matter exhibits a general, non-specific immunostimulatory effect. A number of adjuvants and putative adjuvants (such as certain cytokines) share the ability to stimulate the immune system. The result of using an immunostimulating agent is an increased "alertness" of the immune system meaning that simultaneous or subsequent immunization with an immunogen induces a significantly more effective immune response compared to isolated use of the immunogen

Preferred embodiments

In order to induce a CTL response against a cell which presents epitopes derived from the polypeptide antigen on its surface, it is normally necessary that at least one CTL epitope, when presented, is associated with an MHC Class I molecule on the surface of the APC. Furthermore it is preferred that the at least one first foreign T_H epitope, when presented, is associated with an MHC Class II molecule on the surface of the APC.

Preferred APCs presenting the epitopes are dendritic cells and macrophages, but any pino- or phagocytizing APC which is capable of simultaneously presenting 1) CTL epitopes bound to MHC class I molecules and 2) T_H epitopes bound to MHC class II molecules, is a preferred APC according to the invention.

According to the invention, the cell-associated polypeptide antigen is preferably selected from a tumour-associated antigens and other self-proteins which are related to pathological processes but also viral antigens and antigens derived from an intracellular parasite or bacterium will. It is well-known in the art that such pathogen-associated antigens are often relatively poor immunogens (e.g. antigens from mycobacteria such as Mycobacterium tuberculosis and Mycobacterium leprae, but also from protozoans such as Plasmodium spp.). It is believed that the method of the invention, apart from rendering possible the production of antibody and CTL responses against true self-protein antigens, is capable of enhancing the often insufficient immune response mounted by the organism against such intracellular antigens.

20 Normally, it will be advantageous to confront the immune system with a large fraction of the amino acid sequence of the polypeptide antigen which is the vaccine target. Hence, in a preferred embodiment, presentation by the APC of the CTL epitope and the first foreign T_H epitope is effected by pre-25 senting the animal's immune system with at least one first analogue of the cell-associated polypeptide antigen, said first analogue comprising a variation of the amino acid sequence of the cell-associated polypeptide antigen, said variation containing at least the CTL epitope and the first foreign 30 T_H epitope. This is in contrast to e.g. a DNA vaccination strategy where the CTL and T_H epitopes are expressed by the same cell but as parts of separate polypeptides; such a DNA vaccination strategy is also an embodiment of the invention,

but it is believed that having the two epitopes as part of the same polypeptide will normally enhance the immune response and, at any rate, the provision of only one expression product will be necessary.

- 5 In order to maximize the chances of mounting an effective immune response, it is preferred that the above-mentioned first analogue contains a substantial fraction of known and predicted CTL epitopes of the cell-associated polypeptide antigen, i.e. a fraction of the known and predicted CTL epi-
- 10 topes which binds a sufficient fractions of MHC Class I molecules in a population. For instance, it is preferred that the substantial fraction of known and predicted CTL epitopes in the amino acid sequence of the analogue are recognized by at least 50% of the MHC-I haplotypes recognizing all known and
- 15 predicted CTL epitopes in the cell-associated polypeptide antigen, but higher percentages are preferred, such as at least 60, at least 70, at least 80, and at least 90%. Especially preferred is the use of analogues which preserves substantially all known CTL epitopes of the cell-associated
- 20 polypeptide antigen are present in the analogue, *i.e.* close to 100% of the known CTL epitopes. Accordingly, it is also especially preferred that substantially all predicted CTL epitopes of the cell-associated polypeptide antigen are present in the at least first analogue.
- 25 Methods for predicting the presence of CTL epitopes are well-known in the art, cf. e.g. Rothbard et al. EMBO J. 7:93-100 (1988).

As will be apparent from the present specification and claims it is expected that the inventive method described herein will 30 render possible the effective induction of CTL responses against cell-associated polypeptide antigens.

In cases where the cell-associated polypeptide antigen is truly intracellular, the induction of a CTL response against cells harbouring the antigen is the only way to achieve its down-regulation by specific immunological means. However, in 5 the case of membrane-associated antigens, it is advantageous to induce a antibody response against the weak, cell-associated polypeptide antigen. However, when raising a humoral immune response against a weak cell-associated antigen it is preferred to substantially restrict the antibody response to 10 interaction with the parts of the antigen which are normally exposed to possible interaction with antibodies. Otherwise the result would most likely be the induction of an antibody response against parts of the antigen which is not normally engaging the humoral immune system, and this will in turn 15 increase the risk of inducing cross-reactivity with antigens not related to any pathology. One elegant way of obtaining this restriction is to perform nucleic acid vaccination with an analogue of the weak cell-associated antigen, where the extracellular part thereof is either unaltered or includes a $T_{\rm H}$ 20 epitope which does not substantially alter the 3D structure of the extracellular part of the antigen. As one possible alternative, immunization can be performed with both a CTL directed immunogen and a B-cell directed immunogen where the B-cell directed immunogen is substantially incapable of effecting 25 immunization against the intracellular part of the target antigen (the B-cell directed immunogen could e.g. lack any non-extracellular material from the antigen.

Induction of antibody responses can be achieved in a number of ways known to the person skilled in the art. For instance, the 30 at least one first analogue may comprise a part consisting of a modification of the structure of the cell-associated polypeptide antigen, said modification having as a result that immunization of the animal with the first analogue induces production of antibodies in the animal against the cell-asso-

WO 00/20027 PCT/DK99/00525

25

ciated polypeptide antigen - this variant is as mentioned above especially suited for nucleic acid vaccination. Alternatively, the method of the invention can involve effecting presentation to the animal's immune system of an immunogenically effective amount of at least one second analogue of the cell-associated polypeptide antigen which contains such a modification. A convenient way to achieve that the modification has the desired antibody-inducing effect is to include at least one second foreign T_H epitope in the second analogue,

10 i.e. a strategy like the one used for the first analogue.

In the cases where it is desired to also mount an effective humoral immune response, it is advantageous that the first and/or second analogue(s) comprise(s) a substantial fraction of the cell-associated polypeptide antigen's B-cell epitopes, especially a substantial fraction of such B-cell epitopes which are extracellular in the naturally occurring form of the antigen in the pertinent animal.

The first of the first of the state of the s

The above-discussed variations and modifications of the weak, cell-associated polypeptide antigen can take different forms.

20 It is preferred that the variation and/or modification involves amino acid substitution and/or deletion and/or insertion and/or addition. These fundamental operations relating to the manipulation of an amino acid sequence are intended to cover both single-amino acid changes as well as operations

25 involving stretches of amino acids (i.a. shuffling of amino acid stretches within the polypeptide antigen; this is especially interesting when the antigen is a true intracellular antigen, since only considerations concerning preservation of CTL epitopes are relevant). It will be understood, that the introduction of e.g. one single amino acid insertion or deletion may give rise to the emergence of a foreign T_H epitope in the sequence of the analogue, i.e. the emergence of an MHC

Class II molecule binding sequence. However, in most situa-

tions it is preferable (and even necessary) to introduce a known foreign T_H epitope, and such an operation will require acid substitution and/or insertion (or sometimes addition in the form of either conjugation to a carrier protein or provi-5 sion of a fusion polypeptide by means of molecular biology methods. It is preferred that the number of amino acid insertions, deletions, substitutions or additions is at least 2, such as 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, and 25 insertions, substitutions, additions or 10 deletions. It is furthermore preferred that the number of amino acid substitutions is not in excess of 150, such as at most 100, at most 90, at most 80, and at most 70. It is especially preferred that the number of substitutions, insertions, deletions, or additions does not exceed 60, and in particular 15 the number should not exceed 50 or even 40. Most preferred is a number of not more than 30.

Preferred embodiments of the invention includes modification by introducing at least one foreign immunodominant TH epitope. It will be understood that the question of immune dominance of 20 a T-cell epitope depends on the animal species in question. As used herein, the term "immunodominance" simply refers to epitopes which in the vaccinated individual/population gives rise to a significant immune response, but it is a well-known fact that a T-cell epitope which is immunodominant in one 25 individual is not necessarily immunodominant in another individual of the same species, even though it may be capable of binding MHC-II molecules in the latter individual. True immune dominant T_H epitopes are those which, independent of the polypeptide wherein they form a subsequence, give rise to 30 activation of $T_{\rm H}$ cells - in other words, some $T_{\rm H}$ epitopes have, as an intrinsic feature, the characteristic of substantially never being cryptic since they are substantially always processed by APCs and presented in the context of an MHC II molecule on the surface of the APC.

Another important point is the issue of MHC restriction of T-cell epitopes. In general, naturally occurring T-cell epitopes are MHC restricted, i.e. a certain peptides constituting a T-cell epitope will only bind effectively to a subset of MHC

- 5 Class II molecules. This in turn has the effect that in most cases the use of one specific T-cell epitope will result in a vaccine component which is only effective in a fraction of the population, and depending on the size of that fraction, it can be necessary to include more T-cell epitopes in the same
- 10 molecule, or alternatively prepare a multi-component vaccine wherein the components are variants of the antigen which are distinguished from each other by the nature of the T-cell epitope introduced.

If the MHC restriction of the T-cells used is completely

15 unknown (for instance in a situation where the vaccinated animal has a poorly defined MHC composition), the fraction of the population covered by a specific vaccine composition can be determined by means of the following formula

$$f_{population} = 1 - \prod_{i=1}^{n} (1 - p_i)$$
 (II)

-where p_i is the frequency in the population of responders to the i^{th} foreign T-cell epitope present in the vaccine composition, and n is the total number of foreign T-cell epitopes in the vaccine composition. Thus, a vaccine composition containing 3 foreign T-cell epitopes having response frequencies in the population of 0.8, 0.7, and 0.6, respectively, would give

$$1 - 0.2 \times 0.3 \times 0.4 = 0.976$$

-i.e. 97.6 percent of the population will statistically mount an MHC-II mediated response to the vaccine.

The above formula does not apply in situations where a more or less precise MHC restriction pattern of the peptides used is known. If, for instance a certain peptide only binds the human MHC-II molecules encoded by HLA-DR alleles DR1, DR3, DR5, and 5 DR7, then the use of this peptide together with another peptide which binds the remaining MHC-II molecules encoded by HLA-DR alleles will accomplish 100% coverage in the population in question. Likewise, if the second peptide only binds DR3 and DR5, the addition of this peptide will not increase the coverage at all. If one bases the calculation of population response purely on MHC restriction of T-cell epitopes in the vaccine, the fraction of the population covered by a specific vaccine composition can be determined by means of the following formula:

$$f_{population} = 1 - \prod_{j=1}^{3} (1 - \varphi_j)^2$$
 (III)

-wherein φ_j is the sum of frequencies in the population of allelic haplotypes encoding MHC molecules which bind any one of the T-cell epitopes in the vaccine and which belong to the j^{th} of the 3 known HLA loci (DP, DR and DQ); in practice, it is first determined which MHC molecules will recognize each T-cell epitope in the vaccine and thereafter these are listed by type (DP, DR and DQ) - then, the individual frequencies of the different listed allelic haplotypes are summed for each type, thereby yielding φ_1 , φ_2 , and φ_3 .

25 It may occur that the value p_i in formula II exceeds the corresponding theoretical value π_i :

$$\pi_i = 1 - \prod_{j=1}^{3} (1 - \nu_j)^2$$
 (IV)

-wherein v_j is the sum of frequencies in the population of allelic haplotype encoding MHC molecules which bind the i^{th} T-cell epitope in the vaccine and which belong to the j^{th} of the 3 known HLA loci (DP, DR and DQ). This means that in $1-\pi_i$ of the population is a frequency of responders of $f_{\text{residual}_i} = (p_i - \pi_i)/(1-\pi_i)$. Therefore, formula III can be adjusted so as to yield formula V:

$$f_{population} = 1 - \prod_{j=1}^{3} (1 - \varphi_j)^2 + \left(1 - \prod_{i=1}^{n} (1 - f_{residual_i})\right)$$
 (V)

-where the term $1-f_{\rm residual-i}$ is set to zero if negative. It 10 should be noted that formula V requires that all epitopes have been haplotype mapped against identical sets of haplotypes.

Therefore, when selecting T-cell epitopes to be introduced in the analogue, it is important to include all knowledge of the epitopes which is available: 1) The frequency of responders in the population to each epitope, 2) MHC restriction data, and 3) frequency in the population of the relevant haplotypes.

There exist a number of naturally occurring "promiscuous" T-cell epitopes which are active in a large proportion of individuals of an animal species or an animal population and these are preferably introduced in the vaccine thereby reducing the need for a very large number of different analogues in the same vaccine.

The promiscuous epitope can according to the invention be a naturally occurring human T-cell epitope such as epitopes from 25 tetanus toxoid (e.g. the P2 and P30 epitopes), diphtheria toxoid, Influenza virus hemagluttinin (HA), and P. falciparum CS antigen.

Over the years a number of other promiscuous T-cell epitopes have been identified. Especially peptides capable of binding a large proportion of HLA-DR molecules encoded by the different HLA-DR alleles have been identified and these are all possible 5 T-cell epitopes to be introduced in analogues used according to the present invention. Cf. also the epitopes discussed in the following references which are hereby all incorporated by reference herein: WO 98/23635 (Frazer IH et al., assigned to The University of Queensland); Southwood S et. al, 1998, J. 10 Immunol. 160: 3363-3373; Sinigaglia F et al., 1988, Nature 336: 778-780; Rammensee HG et al., 1995, Immunogenetics 41: 4 178-228; Chicz RM et al., 1993, J. Exp. Med 178: 27-47; Hammer J et al., 1993, Cell 74: 197-203; and Falk K et al., 1994, Immunogenetics 39: 230-242. The latter reference also deals 15 with HLA-DQ and -DP ligands. All epitopes listed in these 5 references are relevant as candidate natural epitopes to be used in the present invention, as are epitopes which share common motifs with these.

Alternatively, the epitope can be any artificial T-cell epitope which is capable of binding a large proportion of haplotypes. In this context the pan DR epitope peptides ("PADRE")
described in WO 95/07707 and in the corresponding paper Alexander J et al., 1994, Immunity 1: 751-761 (both disclosures
are incorporated by reference herein) are interesting candidates for epitopes to be used according to the present invention. It should be noted that the most effective PADRE peptides disclosed in these papers carry D-amino acids in the Cand N-termini in order to improve stability when administered.
However, the present invention primarily aims at incorporating
the relevant epitopes as part of the modified antigen which
should then subsequently be broken down enzymatically inside
the lysosomal compartment of APCs to allow subsequent presentation in the context of an MHC-II molecule and therefore it

20

is not expedient to incorporate D-amino acids in the epitopes used in the present invention.

One especially preferred PADRE peptide is the one having the amino acid sequence AKFVAAWTLKAAA or an immunologically effective subsequence thereof. This, and other epitopes having the same lack of MHC restriction are preferred T-cell epitopes which should be present in the analogues used in the inventive method. Such super-promiscuous epitopes will allow for the most simple embodiments of the invention wherein only one single analogue is presented to the vaccinated animal's immune system.

The nature of the above-discussed variation/modification preferably comprises that

- at least one first moiety is included in the first and/or second analogue(s), said first moiety effecting targeting of the analogue to an antigen presenting cell (APC), and/or
 - at least one second moiety is included in the first and/or second analogue(s), said second moiety stimulating the immune system, and/or
 - at least one third moiety is included in the first and/or second analogue(s), said third moiety optimizing presentation of the analogue to the immune system.

The functional and structural features relating these first, 25 second and third moieties will be discussed in the following:

They can be present in the form of side groups attached covalently or non-covalently to suitable chemical groups in the amino acid sequence of the cell-associated polypeptide antigen or a subsequence thereof. This is to mean that stretches of amino acid residues derived from the polypeptide antigen are derivatized without altering the primary amino acid sequence,

or at least without introducing changes in the peptide bonds between the individual amino acids in the chain.

The moieties can also be in the form of fusion partners to the amino acid sequence derived from the cell-associated polypep5 tide antigen. In this connection it should be mentioned that both possibilities include the option of conjugating the amino acid sequence to a carrier, cf. the discussion of these below. In other words, in the present context the term "fusion protein is not merely restricted to a fusion construct prepared by means of expression of a DNA fragment encoding the construct but also to a conjugate between two proteins which are joined by means of a peptide bond in a subsequent chemical reaction.

As mentioned above, the analogue can also include the intro-15 duction of a first moiety which targets the analogue to an APC or a B-lymphocyte. For instance, the first moiety can be a specific binding partner for a B-lymphocyte specific surface antigen or for an APC specific surface antigen. Many such specific surface antigens are known in the art. For instance, 20 the moiety can be a carbohydrate for which there is a receptor on the B-lymphocyte or the APC (e.g. mannan or mannose). Alternatively, the second moiety can be a hapten. Also an antibody fragment which specifically recognizes a surface molecule on APCs or lymphocytes can be used as a first moiety 25 (the surface molecule can e.g. be an FCy receptor of macrophages and monocytes, such as FCYRI or, alternatively any other specific surface marker such as CD40 or CTLA-4). It should be noted that all these exemplary targeting molecules can be used as part of an adjuvant, cf. below. CD40 ligand, 30 antibodies against CD40, or variants thereof which bind CD40 will target the analogue to dendritic cells. At the same time, recent results have shown that the interaction with the CD40 molecule renders the T_{H} cells unessential for obtaining a CTL

response. Hence, it is contemplated that the general use of CD40 binding molecules as the first moiety (or as adjuvants, cf. below) will enhance the CTL response considerably; in fact, the use of such CD40 binding molecules as adjuvants and "first moieties" in the meaning of the present invention is believed to be inventive in its own right.

As an alternative or supplement to targeting the analogue to a certain cell type in order to achieve an enhanced immune response, it is possible to increase the level of responsive
10 ness of the immune system by including the above-mentioned second moiety which stimulates the immune system. Typical examples of such second moieties are cytokines, heat-shock proteins, and hormones, as well as effective parts thereof.

- Suitable cytokines to be used according to the invention are

 15 those which will normally also function as adjuvants in a
 vaccine composition, e.g. interferon y (IFN-y), Flt3 ligand
 (Flt3L), interleukin 1 (IL-1), interleukin 2 (IL-2), interleukin 4 (IL-4), interleukin 6 (IL-6), interleukin 12 (IL-12),
 interleukin 13 (IL-13), interleukin 15 (IL-15), and

 20 granulocyte-macrophage colony stimulating factor (GM-CSF);
 - alternatively, the functional part of the cytokine molecule may suffice as the second moiety. With respect to the use of such cytokines as adjuvant substances, cf. the discussion below.
- 25 Alternatively, the second moiety can be a toxin, such as listeriolycin (LLO), lipid A and heat-labile enterotoxin.

 Also, a number of mycobacterial derivatives such as MDP (muramyl dipeptide), CFA (complete Freund's adjuvant) and the trehalose diesters TDM and TDE are interesting possibilities.

According to the invention, suitable heat shock proteins used as the second moiety can be HSP70, HSP90, HSC70, GRP94, and calreticulin (CRT).

Also the possibility of introducing a third moiety which 5 enhances the presentation of the analogue to the immune system is an important embodiment of the invention. The art has shown several examples of this principle. For instance, it is known that the palmitoyl lipidation anchor in the Borrelia burgdorferi protein OspA can be utilised so as to provide self-10 adjuvating polypeptides (cf. e.g. WO 96/40718). It seems that the lipidated proteins form up micelle-like structures with a core consisting of the lipidation anchor parts of the polypeptides and the remaining parts of the molecule protruding therefrom, resulting in multiple presentations of the anti-15 genic determinants. Hence, the use of this and related approaches using different lipidation anchors (e.g. a myristyl group, a farnesyl group, a geranyl-geranyl group, a GPI-anchor, and an N-acyl diglyceride group) are preferred embodiments of the invention, especially since the provision of such 20 a lipidation anchor in a recombinantly produced protein is fairly straightforward and merely requires use of e.g. a naturally occurring signal sequence as a fusion partner for the analogue. Another possibility is use of the C3d fragment of complement factor C3 or C3 itself (cf. Dempsey et al., 25 1996, Science 271, 348-350 and Lou & Kohler, 1998, Nature Biotechnology 16, 458-462).

It is important to note that when attempting to use the method of the invention against e.g. membrane bound polypeptide antigens which are exposed to the extracellular compartment,

30 it is most preferred that the first and/or second analogue(s) has/have substantially the overall tertiary structure of the cell-associated polypeptide antigen. In the present specification and claims this is intended to mean that the overall

tertiary structure of the part of the polypeptide antigen which is extracellularly exposed is preserved, since, as mentioned above, the tertiary structure of the obligate intracellular polypeptides do not engage the humeral immune 5 system. In fact, as part of the vaccination strategy it is often desired to avoid exposure to the extracellular compartment of putative B-cell epitopes derived from intracellular part of the polypeptide antigens; in this way, potentially adverse effects caused by cross-reactivity with other antigens 10 can be minimized.

For the purposes of the present invention, it is however sufficient if the variation/modification (be it an insertion, addition, deletion or substitution) gives rise to a foreign T-cell epitope and at the same time preserves a substantial number of the CTL epitopes in the polypeptide antigen (and sometimes also a substantial number of B-cell epitopes).

The following formula describes the constructs generally covered by the invention:

$$(MOD_1)_{s1} (PAG_{e1})_{n1} (MOD_2)_{s2} (PAG_{e2})_{n2} \dots (MOD_x)_{sx} (PAG_{ex})_{nx}$$
 (I)

- -where PAG_{e1}-PAG_{ex} are x CTL and/or B-Cell epitope containing
 subsequences of the relevant polypeptide antigen which independently are identical or non-identical and which may contain
 or not contain foreign side groups, x is an integer ≥ 3, n1-nx
 are x integers ≥ 0 (at least one is ≥ 1), MOD₁-MOD_x are x

 25 modifications introduced between the preserved epitopes, and
 s1-sx are x integers ≥ 0 (at least one is ≥ 1 if no side
- s1-sx are x integers ≥ 0 (at least one is ≥ 1 if no side
 groups are introduced in the sequences). Thus, given the
 general functional restraints on the immunogenicity of the
 constructs, the invention allows for all kinds of permutations
 30 of the original antigen sequence, and all kinds of modifications therein. Thus, included in the invention are analogues

36

obtained by omission of parts of the polypeptide antigen sequence which e.g. exhibit adverse effects in vivo or omission of parts which are normally intracellular and thus could give rise to undesired immunological reactions, cf. the detailed discussion below.

A further elaboration of the above principle include use of CTL and/or B-cell epitopes from more than one pathology-related antigen. For instance, there are several cancer related antigens that exert their oncogenic effects when they are in a 10 mutated form only - examples are mutated K-ras and P53 which both are crucial proteins in normal cell cycle regulation and which both are expression products in most normal cells. In some cases, CTLs have been shown to recognise mutated peptides from these antigens. It is therefore important that the immune system responds to te mutated peptide only, and not to the unmutated parts, if antigen specific immunotherapy is instigated.

We have devised a strategy whereby sequences of 8-25 amino acids of such disease-related proteins could be used as fur-20 ther epitopes in an AutoVac construct - in preferred embodiments, the introduced epitopes would at the same time provide for the emergence of $T_{\rm H}$ epitopes in the final construct, cf. the discussion above. The epitopes used for this purpose would be those which comprise the mutated region of the disease-25 related protein. By using such an approach, it would be possible to generate CTLs (and possibly antibodies, where applicable) against only the mutated form of the disease-related antigen. In the cases where the disease-related antigen provides for the emergence of a T_{H} epitope, the use of a truly 30 foreign T, epitope could be completely omitted. An embodiment of this principle could e.g. be vaccination with a nucleic acid vaccine which encode an analogue of a polypeptide antigen (e.g. Her2 or PSM) wherein has been introduced at least one $T_{\mbox{\tiny H}}$

epitope and at least one peptide derived from another disease-related antigen (e.g. a peptide from the mutated part of an oncogenic protein). In a preferred embodiment, the at least one T_{H} epitope is introduced as a consequence of the introduction of the peptide.

It is furthermore preferred that the variation and/or modification includes duplication, when applicable, of the at least one B-cell epitope, or of at least one CTL epitope of the cell-associated polypeptide antigen. This strategy will give the result that multiple copies of preferred epitopic regions are presented to the immune system and thus maximizing the probability of an effective immune response. Hence, this embodiment of the invention utilises multiple presentations of epitopes derived from the polypeptide antigen (i.e. formula I wherein at least one B-cell epitope is present in two positions).

This effect can be achieved in various ways, e.g. by simply preparing fusion polypeptides comprising the structure (PAG)_m, where m is an integer ≥ 2 and then introduce the modifications discussed herein in at least one of the polypeptide antigen sequences.

An alternative embodiment of the invention which also results in the preferred presentation of multiple (e.g. at least 2) copies of the important epitopic regions of the antigen to the immune system is the covalent coupling of the antigen, subsequence or variants thereof to certain molecules. For instance, polymers can be used, e.g. carbohydrates such as dextran, cf. e.g. Lees A et al., 1994, Vaccine 12: 1160-1166; Lees A et al., 1990, J Immunol. 145: 3594-3600, but also mannose and mannan are useful alternatives. Integral membrane proteins from e.g. E. coli and other bacteria are also useful conjugation partners. The traditional carrier molecules such as

38

keyhole limpet haemocyanin (KLH), tetanus toxoid, diphtheria toxoid, and bovine serum albumin (BSA) are also preferred and useful conjugation partners.

Maintenance of the sometimes advantageous substantial fraction of B-cell epitopes or even the overall tertiary structure of a protein which is subjected to modification as described herein can be achieved in several ways. One is simply to prepare a polyclonal antiserum directed against the polypeptide antigen (e.g. an antiserum prepared in a rabbit) and thereafter use this antiserum as a test reagent (e.g. in a competitive ELISA) against the modified proteins which are produced. Modified versions (analogues) which react to the same extent with the antiserum as does the polypeptide antigen must be regarded as having the same overall tertiary structure as the polypeptide antigen whereas analogues exhibiting a limited (but still significant and specific) reactivity with such an antiserum are regarded as having maintained a substantial fraction of the original B-cell epitopes.

Alternatively, a selection of monoclonal antibodies reactive
20 with distinct epitopes on the polypeptide antigen can be
prepared and used as a test panel. This approach has the
advantage of allowing 1) an epitope mapping of the polypeptide
antigen in question and 2) a mapping of the epitopes which are
maintained in the analogues prepared.

25 Of course, a third approach would be to resolve the 3-dimensional structure of the polypeptide antigen or of a biologically active truncate thereof (cf. above) and compare this to the resolved three-dimensional structure of the analogues prepared. Three-dimensional structure can be resolved by the aid of X-ray diffraction studies and NMR-spectroscopy. Further information relating to the tertiary structure can to some extent be obtained from circular dichroism studies which have

the advantage of merely requiring the polypeptide in pure form (whereas X-ray diffraction requires the provision of crystallized polypeptide and NMR requires the provision of isotopic variants of the polypeptide) in order to provide useful information about the tertiary structure of a given molecule. However, ultimately X-ray diffraction and/or NMR are necessary to obtain conclusive data since circular dichroism can only provide indirect evidence of correct 3-dimensional structure via information of secondary structure elements.

10 In essence there are at present three feasible ways of obtaining the presentation of the relevant epitopes to the immune
system: Traditional sub-unit vaccination with polypeptide
antigens, administration of a genetically modified live vaccine, and nucleic acid vaccination. These three possibilities
15 will be discussed separately in the following:

Polypeptide vaccination

This entails administration to the animal in question of an immunogenically effective amount of the at least one first analogue, and, when relevant, administration of an immunologically effective amount of the at least one second analogue. Preferably, the at least one first and/or second analogue(s) is/are formulated together with a pharmaceutically and immunologically acceptable carrier and/or vehicle and, optionally an adjuvant.

25 When effecting presentation of the analogue to an animal's immune system by means of administration thereof to the animal, the formulation of the polypeptide follows the principles generally acknowledged in the art.

Preparation of vaccines which contain peptide sequences as 30 active ingredients is generally well understood in the art, as

exemplified by US Patents 4,608,251; 4,601,903; 4,599,231; 4,599,230; 4,596,792; and 4,578,770, all incorporated herein by reference. Typically, such vaccines are prepared as injectables either as liquid solutions or suspensions; solid forms suitable for solution in, or suspension in, liquid prior to injection may also be prepared. The preparation may also be emulsified. The active immunogenic ingredient is often mixed with excipients which are pharmaceutically acceptable and compatible with the active ingredient. Suitable excipients are, for example, water, saline, dextrose, glycerol, ethanol, or the like, and combinations thereof. In addition, if desired, the vaccine may contain minor amounts of auxiliary substances such as wetting or emulsifying agents, pH buffering agents, or adjuvants which enhance the effectiveness of the vaccines; cf. the detailed discussion of adjuvants below.

The vaccines are conventionally administered parenterally, by injection, for example, either subcutaneously, intradermally, subdermally or intramuscularly. Additional formulations which are suitable for other modes of administration include suppos-20 itories and, in some cases, oral, buccal, sublingual, intraperitoneal, intravaginal, anal and intracranial formulations. For suppositories, traditional binders and carriers may include, for example, polyalkalene glycols or triglycerides; such suppositories may be formed from mixtures containing the 25 active ingredient in the range of 0.5% to 10%, preferably 1-2%. Oral formulations include such normally employed excipients as, for example, pharmaceutical grades of mannitol, lactose, starch, magnesium stearate, sodium saccharine, cellulose, magnesium carbonate, and the like. These compositions 30 take the form of solutions, suspensions, tablets, pills, capsules, sustained release formulations or powders and contain 10-95% of active ingredient, preferably 25-70%. For oral formulations, cholera toxin is an interesting formulation partner (and also a possible conjugation partner).

41

The polypeptides may be formulated into the vaccine as neutral or salt forms. Pharmaceutically acceptable salts include acid addition salts (formed with the free amino groups of the peptide) and which are formed with inorganic acids such as, for example, hydrochloric or phosphoric acids, or such organic acids as acetic, oxalic, tartaric, mandelic, and the like. Salts formed with the free carboxyl groups may also be derived from inorganic bases such as, for example, sodium, potassium, ammonium, calcium, or ferric hydroxides, and such organic bases as isopropylamine, trimethylamine, 2-ethylamino ethanol, histidine, procaine, and the like.

The vaccines are administered in a manner compatible with the dosage formulation, and in such amount as will be therapeutically effective and immunogenic. The quantity to be adminis-15 tered depends on the subject to be treated, including, e.g., the capacity of the individual's immune system to mount an immune response, and the degree of protection desired. Suitable dosage ranges are of the order of several hundred micrograms active ingredient per vaccination with a preferred range 20 from about 0.1 µg to 2000 µg (even though higher amounts in the 1-10 mg range are contemplated), such as in the range from about 0.5 µg to 1000 µg, preferably in the range from 1 µg to 500 µg and especially in the range from about 10 µg to 100 µg. Suitable regimens for initial administration and booster shots 25 are also variable but are typified by an initial administration followed by subsequent inoculations or other administrations.

The manner of application may be varied widely. Any of the conventional methods for administration of a vaccine are

30 applicable. These include oral application on a solid physiologically acceptable base or in a physiologically acceptable dispersion, parenterally, by injection or the like. The dosage of the vaccine will depend on the route of administration and

will vary according to the age of the person to be vaccinated and the formulation of the antigen.

Some of the polypeptides of the vaccine are sufficiently immunogenic in a vaccine, but for some of the others the immune response will be enhanced if the vaccine further comprises an adjuvant substance. It is especially preferred to use an adjuvant which can be demonstrated to facilitate breaking of the autotolerance to autoantigens.

Various methods of achieving adjuvant effect for the vaccine

10 are known. General principles and methods are detailed in "The
Theory and Practical Application of Adjuvants", 1995, Duncan
E.S. Stewart-Tull (ed.), John Wiley & Sons Ltd, ISBN 0-47195170-6, and also in "Vaccines: New Generationn Immunological
Adjuvants", 1995, Gregoriadis G et al. (eds.), Plenum Press,

15 New York, ISBN 0-306-45283-9, both of which are hereby incor-

porated by reference herein.

Preferred adjuvants facilitate uptake of the vaccine molecules by APCs, such as dendritic cells, and activate these. Non-limiting examples are selected from the group consisting of an immune targeting adjuvant; an immune modulating adjuvant such as a toxin, a cytokine, and a mycobacterial derivative; an oil formulation; a polymer; a micelle forming adjuvant; a saponin; an immunostimulating complex matrix (ISCOM matrix); a particle; DDA; aluminium adjuvants; DNA adjuvants; γ-inulin; and an encapsulating adjuvant. In general it should be noted that the disclosures above which relate to compounds and agents useful as first, second and third moieties in the analogues also refer mutatis mutandis to their use in the adjuvant of a vaccine of the invention.

30 The application of adjuvants include use of agents such as aluminum hydroxide or phosphate (alum), commonly used as 0.05

to 0.1 percent solution in buffered saline, admixture with synthetic polymers of sugars (e.g. Carbopol®) used as 0.25 percent solution, aggregation of the protein in the vaccine by heat treatment with temperatures ranging between 70° to 101°C for 30 second to 2 minute periods respectively and also aggregation by means of cross-linking agents are possible. Aggregation by reactivation with pepsin treated antibodies (Fab fragments) to albumin, mixture with bacterial cells such as C. parvum or endotoxins or lipopolysaccharide components of gramnegative bacteria, emulsion in physiologically acceptable oil vehicles such as mannide mono-oleate (Aracel A) or emulsion with 20 percent solution of a perfluorocarbon (Fluosol-DA) used as a block substitute may also be employed. Admixture with oils such as squalene and IFA is also preferred.

15 According to the invention DDA (dimethyldioctadecylammonium bromide) is an interesting candidate for an adjuvant as is DNA and y-inulin, but also Freund's complete and incomplete adjuvants as well as quillaja saponins such as QuilA and QS21 are interesting. Further possibilities are monophosphoryl lipid A 20 (MPL), and the above mentioned C3 and C3d.

Liposome formulations are also known to confer adjuvant effects, and therefore liposome adjuvants are preferred according to the invention.

Also immunostimulating complex matrix type (ISCOM® matrix)

25 adjuvants are preferred choices according to the invention,
 especially since it has been shown that this type of adjuvants
 are capable of up-regulating MHC Class II expression by APCs.
 An ISCOM® matrix consists of (optionally fractionated) sapo nins (triterpenoids) from Quillaja saponaria, cholesterol, and
 30 phospholipid. When admixed with the immunogenic protein, the
 resulting particulate formulation is what is known as an ISCOM
 particle where the saponin constitutes 60-70% w/w, the choles-

terol and phospholipid 10-15% w/w, and the protein 10-15% w/w. Details relating to composition and use of immunostimulating complexes can e.g. be found in the above-mentioned text-books dealing with adjuvants, but also Morein B et al., 1995, Clin. Immunother. 3: 461-475 as well as Barr IG and Mitchell GF, 1996, Immunol. and Cell Biol. 74: 8-25 (both incorporated by reference herein) provide useful instructions for the preparation of complete immunostimulating complexes.

Another highly interesting (and thus, preferred) possibility

10 of achieving adjuvant effect is to employ the technique described in Gosselin et al., 1992 (which is hereby incorporated by reference herein). In brief, the presentation of a relevant antigen such as an antigen of the present invention can be enhanced by conjugating the antigen to antibodies (or antigen binding antibody fragments) against the Fcγ receptors on monocytes/macrophages. Especially conjugates between antigen and anti-FcγRI have been demonstrated to enhance immunogenicity for the purposes of vaccination.

Other possibilities involve the use of the targeting and
20 immune modulating substances (i.a. cytokines) mentioned above
as candidates for the first and second moieties in the modified analogues. In this connection, also synthetic inducers of
cytokines like poly I:C are possibilities.

Suitable mycobacterial derivatives are selected from the group 25 consisting of muramyl dipeptide, complete Freund's adjuvant, RIBI, and a diester of trehalose such as TDM and TDE.

Suitable immune targeting adjuvants are selected from the group consisting of CD40 ligand and CD40 antibodies or specifically binding fragments thereof (cf. the discussion above), 30 mannose, a Fab fragment, and CTLA-4.

45

Suitable polymer adjuvants are selected from the group consisting of a carbohydrate such as dextran, PEG, starch, mannan, and mannose; a plastic polymer; and latex such as latex beads.

- 5 Yet another interesting way of modulating an immune response is to include the immunogen (optionally together with adjuvants and pharmaceutically acceptable carriers and vehicles) in a "virtual lymph node" (VLN) (a proprietary medical device developed by ImmunoTherapy, Inc., 360 Lexington Avenue, New
- 10 York, NY 10017-6501). The VLN (a thin tubular device) mimics the structrue and function of a lymph node. Insertion of a VLN under the skin creates a site of sterile inflammation with an upsurge of cytokines and chemokines. T- and B-cells as well as APCs rapidly respond to the danger signals, home to the in-
- 15 flamed site and accumulate inside the porous matrix of the VLN. It has been shown that the necessary antigen dose required to mount an immune response to an antigen is reduced when using the VLN and that immune protection conferred by vaccination using a VLN surpassed conventional immunization
- 20 using Ribi as an adjuvant. The technology is *i.a.* described briefly in Gelber C et al., 1998, "Elicitation of Robust Cellular and Humoral Immune Responses to Small Amounts of Immunogens Using a Novel Medical Device Designated the Virtual Lymph Node", in: "From the Laboratory to the Clinic, Book of
- 25 Abstracts, October 12th 15th 1998, Seascape Resort, Aptos, California".

Recent findings have demonstrated that the co-administration of H2 agonists enhances the in-tumour survival of Natural Killer Cells and CTLs. Hence, it is also contemplated to 30 include H2 agonists as adjuvants in the methods of the invention.

It is expected that the vaccine should be administered at least once a year, such as at least 1, 2, 3, 4, 5, 6, and 12 times a year. More specifically, 1-12 times per year is expected, such as 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, or 12 times a year to an individual in need thereof. It has previously been shown that the memory immunity induced by the use of the preferred autovaccines according to the invention is not permanent, and therefor the immune system needs to be periodically challenged with the analogues.

10 Due to genetic variation, different individuals may react with immune responses of varying strength to the same polypeptide. Therefore, the vaccine according to the invention may comprise several different polypeptides in order to increase the immune response, cf. also the discussion above concerning the choice of foreign T-cell epitope introductions. The vaccine may comprise two or more polypeptides, where all of the polypeptides are as defined above.

The vaccine may consequently comprise 3-20 different modified or unmodified polypeptides, such as 3-10 different polypep20 tides. However, normally the number of peptides will be sought kept to a minimum such as 1 or 2 peptides.

Live vaccines

The second alternative for effecting presentation to the immune system is the use of live vaccine technology. In live vaccination, presentation to the immune system is effected by administering, to the animal, a non-pathogenic microorganism which has been transformed with a nucleic acid fragment encoding the necessary epitopic regions or a complete 1st and/or 2nd analogue. Alternatively, the microorganism is transformed with a vector incorporating such a nucleic acid fragment. The non-pathogenic microorganism can be any suitable attenuated bacte-

rial strain (attenuated by means of passaging or by means of removal of pathogenic expression products by recombinant DNA technology), e.g. Mycobacterium bovis BCG., non-pathogenic Streptococcus spp., E. coli, Salmonella spp., Vibrio cholerae, 5 Shigella, etc. Reviews dealing with preparation of state-of-the-art live vaccines can e.g. be found in Saliou P, 1995, Rev. Prat. 45: 1492-1496 and Walker PD, 1992, Vaccine 10: 977-990, both incorporated by reference herein. For details about the nucleic acid fragments and vectors used in such live vaccines, cf. the discussion below.

As for the polypeptide vaccine, the T_H epitope and/or the first and/or second and/or third moieties can, if present, be in the form of fusion partners to the amino acid sequence derived from the cell-associated polypeptide antigen.

15 As an alternative to bacterial live vaccines, the nucleic acid fragment of the invention discussed below can be incorporated in a non-virulent viral vaccine vector. One possibility is a pox virus such as vaccinia, MVA (modified Vaccinia virus), canary pox, avi-pox, and chicken pox etc. Alternatively, a 20 herpes simplex virus variant can be used.

Normally, the non-pathogenic microorganism or virus is administered only once to the animal, but in certain cases it may be necessary to administer the microorganism more than once in a lifetime.

25 Also, the microorganism can be transformed with nucleic acid(s) containing regions encoding the 1st, 2nd and/or 3rd moieties, e.g. in the form of the immunomodulating substances described above such as the cytokines discussed as useful adjuvants. A preferred version of this embodiment encompasses 30 having the coding region for the analogue and the coding region for the immunomodulator in different open reading

frames or at least under the control of different promoters. Thereby it is avoided that the analogue or epitopes are produced as fusion partners to the immunomodulator. Alternatively, two distinct nucleotide fragments can be used as transforming agents.

Nucleic acid vaccination

As an alternative to classic administration of a peptide-based vaccine, the technology of nucleic acid vaccination (also known as "nucleic acid immunisation", "genetic immunisation", 10 "gene immunisation" and "DNA vaccination) offers a number of attractive features.

First, in contrast to the traditional vaccine approach, nucleic acid vaccination does not require resource consuming large-scale production of the immunogenic agent (e.g. in the 15 form of industrial scale fermentation of microorganisms producing the analogues necessary in polypeptide vaccination). Furthermore, there is no need to device purification and refolding schemes for the immunogen. And finally, since nucleic acid vaccination relies on the biochemical apparatus of 20 the vaccinated individual in order to produce the expression product of the nucleic acid introduced, the optimum posttranslational processing of the expression product is expected to occur; this is especially important in the case of autovaccination, since, as mentioned above, a significant 25 fraction of the original B-cell epitopes should be preserved in the analogues derived from extracellularly exposed polypeptide sequences, and since B-cell epitopes in principle can be constituted by parts of any (bio) molecule (e.g. carbohydrate, lipid, protein etc.). Therefore, native glycosylation and 30 lipidation patterns of the immunogen may very well be of importance for the overall immunogenicity and this is best

ensured by having the host producing the immunogen.

49

Hence, an important embodiment of the method of the invention involves that presentation is effected by in vivo introducing, into the APC, at least one nucleic acid fragment which encodes and expresses the at least one CTL epitope and/or the at least 5 one B-cell epitope, and the at least one first foreign $T_{\scriptscriptstyle H}$ epitope (an alternative encompasses administration of at least 2 distinct nucleic acid fragments, where one encodes the at least one CTL epitope and the other encodes the at least one foreign T_H epitope). Preferably, this is done by using a nu-10 cleic acid fragment which encodes and expresses the abovediscussed first analogue. If the first analogue is equippedwith the above-detailed T_H epitopes and/or first and/or second and/or third moieties, these are then present in the form of fusion partners to the amino acid sequence derived from the 15 cell-associated polypeptide antigen, the fusion construct being encoded by the nucleic acid fragment.

As for the traditional vaccination approach, the nucleic acid vaccination can be combined with *in vivo* introduction, into the APC, of at least one nucleic acid fragment encoding and expressing the second analogue. The considerations pertaining to 1st, 2nd and 3rd moieties and T_H epitopes apply also here.

In this embodiment, the introduced nucleic acid is preferably DNA which can be in the form of naked DNA, DNA formulated with charged or uncharged lipids, DNA formulated in liposomes, DNA included in a viral vector, DNA formulated with a transfection-facilitating protein or polypeptide, DNA formulated with a targeting protein or polypeptide, DNA formulated with Calcium precipitating agents, DNA coupled to an inert carrier molecule, and DNA formulated with an adjuvant. In this context it is noted that practically all considerations pertaining to the use of adjuvants in traditional vaccine formulation apply for the formulation of DNA vaccines. Hence, all disclosures herein which relate to use of adjuvants in the

context of polypeptide based vaccines apply mutatis mutandis
to their use in nucleic acid vaccination technology. The same
holds true for other considerations relating to formulation
and mode and route of administration and, hence, also these
considerations discussed above in connection with a traditional vaccine apply mutatis mutandis to their use in nucleic
acid vaccination technology.

One especially preferred type of formulation of nucleic acid vaccines are microparticles containing the DNA. Suitable 10 microparticles are e.g. described in WO 98/31398.

Furthermore, the nucleic acid(s) used as an immunization agent can contain regions encoding the 1st, 2nd and/or 3rd moieties, e.g. in the form of the immunomodulating substances described above such as the cytokines discussed as useful adjuvants. A preferred version of this embodiment encompasses having the coding region for the analogue and the coding region for the immunomodulator in different open reading frames or at least under the control of different promoters. Thereby it is avoided that the analogue or epitope is produced as a fusion part- ner to the immunomodulator. Alternatively, two distinct nucleotide fragments can be used, but this is less preferred because of the advantage of ensured co-expression when having both coding regions included in the same molecule.

Under normal circumstances, the nucleic acid of the vaccine is introduced in the form of a vector wherein expression is under control of a viral promoter. For more detailed discussions of vectors according to the invention, cf. the discussion below. Also, detailed disclosures relating to the formulation and use of nucleic acid vaccines are available, cf. Donnelly JJ et al., 1997, Annu. Rev. Immunol. 15: 617-648 and Donnelly JJ et al., 1997, Life Sciences 60: 163-172. Both of these references are incorporated by reference herein.

An important part of the invention pertains to a novel method for selecting an appropriate immunogenic analogue of a cell-associated polypeptide antigen which is weakly immunogenic or non-immunogenic in an animal, said immunogenic analogue being capable of inducing a CTL response in the animal against cells displaying an MHC Class I molecule bound to an epitope derived from the cell-associated polypeptide antigen. This method comprises the steps of

- a) identifying at least one subsequence of the amino acid

 sequence of the cell-associated polypeptide antigen,

 where said subsequence does not contain known or pre
 dicted CTL epitopes,
- b) preparing at least one putatively immunogenic analogue of the cell-associated polypeptide antigen by introducing,
 in the amino acid sequence of the cell-associated polypeptide antigen, at least one T_H epitope foreign to the animal in a position within the at least one subsequence identified in step a), and
- c) selecting the/those analogues prepared in step b) which are verifiably capable of inducing a CTL response in the animal.

Alternatively, the above selection method involves the preparation of a nucleic acid fragment for nucleic acid vaccination purposes. In that situation, it is required that the encoded peptide includes at least one T_H epitope.

When the analogue is derived from an antigen which is exposed to the extracellular phase, it is preferred that the subsequence identified in step a) further does not contain cysteine residues, or, alternatively, that the T_H epitope introduced in step b) does not substantially alter the pattern of cysteine residues. This approach facilitates the preservation of spatial B-cell epitopes in the resulting construct which are

52

similar to the B-cell epitopes in the weak, cell-associated polypeptide antigen.

For the same reasons it is preferred that the subsequence identified in step a) further does not contain known or pre5 dicted glycosylation sites, or, alternatively, wherein the T_H epitope introduced in step b) does not substantially alter the glycosylation pattern.

Certain of the weak, cell-associated polypeptide antigens exert undesired effects by having a pathophysiological role.

10 It is desired that these effects are not exerted by the vaccination constructs, and therefore it is preferred that the subsequence identified in step a) contributes significantly to a pathophysiological effect exerted by the cell-associated polypeptide antigen, and that the introduction in step b) of the foreign T_H epitope reduces or abolishes said pathophysiological effect. An example of this approach is to remove the active site in an enzyme, hormone or cytokine and exchange this with the foreign T_H epitope.

Another important consideration pertains to the question of immunological cross-reactivity of the vaccine's polypeptide product with other self-proteins which are not related to a pathology. Such cross-reactivity should preferably be avoided and hence an important embodiment of this method of the invention is one where the subsequence identified in step a) is homologous to an amino acid sequence of a different protein antigen of the animal, and where the introduction of the T_H epitope in step b) substantially removes the homology.

Related to this embodiment is an embodiment where any amino acid sequences which 1) are not normally exposed to the 30 extracellular phase and 2) which may constitute B-cell epitopes of the weak, cell-associated polypeptide antigen, are

not preserved in the analogue. This can be achieved by exchanging such amino acid sequences with T_{H} epitopes which do not constitute B-cell epitopes, by completely removing them, or by partly removing them.

5 On the other hand, it is preferred that any "true" B-cell epitopes of the weak cell-associated polypeptide antigen are preserved to a high degree, and therefore an important embodiment of the selection method of the invention involves that the introduction in step b) of the foreign T_H epitope results 10 in preservation of a substantial fraction of B-cell epitopes of the cell-associated polypeptide antigen. It is especially preferred that the analogue preserves the overall tertiary structure of the cell-associated polypeptide antigen.

The preparation in step b) is preferably accomplished by

15 molecular biological means or by means of solid or liquid

phase peptide synthesis. Shorter peptides are preferably

prepared by means of the well-known techniques of solid- or

liquid-phase peptide synthesis. However, recent advances in

this technology has rendered possible the production of full
20 length polypeptides and proteins by these means, and therefore

it is also within the scope of the present invention to pre
pare the long constructs by synthetic means.

After having identified the useful analogues according to the above-discussed method, it is necessary to produce the ana25 logue in larger scale. The polypeptides are prepared according to methods well-known in the art.

This can be done by molecular biological means comprising a first step of preparing a transformed cell by introducing, into a vector, a nucleic acid sequence encoding an analogue which has been selected according to the method and transforming a suitable host cell with the vector. The next step is to

culture the transformed cell under conditions facilitating the expression of the nucleic acid fragment encoding the analogue of the cell-associated antigen, and subsequently recovering the analogue from the culture supernatant or directly from the cells, e.g. in the form of a lysate). Alternatively, the analogue can be prepared by large-scale solid or liquid phase peptide synthesis, cf. above.

Finally, the product can, depending on the cell chosen as a host cell or the synthesis method used, be subjected to arti10 ficial post-translational modifications. These can be refolding schemes known in the art, treatment with enzymes (in order to obtain glycosylation or removal of undesired fusion partners, chemical modifications (again glycosylation is a possibility), and conjugation, e.g. to traditionally carrier molecules.

It should be noted that preferred analogues of the invention (and also the relevant analogues used in the methods of the invention) comprise modifications which results in a polypeptide having a sequence identity of at least 70% with the 20 polypeptide antigen or with a subsequence thereof of at least 10 amino acids in length. Higher sequence identities are preferred, e.g. at least 75% or even at least 80% or 85%. The sequence identity for proteins and nucleic acids can be calculated as $(N_{ref}-N_{dif})\cdot 100/N_{ref}$, wherein N_{dif} is the total number of 25 non-identical residues in the two sequences when aligned and wherein N_{ref} is the number of residues in one of the sequences. Hence, the DNA sequence AGTCAGTC will have a sequence identity of 75% with the sequence AATCAATC $(N_{dif}=2)$ and $N_{ref}=8$.

Specific exemplary targets for the method of the invention

As discussed above, preferred weak, cell-associated polypeptide antigens are tumour-associated antigens. A non-limiting list of these are given in the following table.

Antigen	Reference
5 alpha reductase	Délos S, Carsol JL, Fina F, Raynaud JP, Martin PM.
	5alpha-reductase and 17beta-hydroxysteroid dehydroge-
,	nase expression in epithelial cells from hyperplastic
•	and malignant human prostate. Int J Cancer 1998 Mar 16
	75:6 840-6
α-fetoprotein	Esteban C, Terrier P, Frayssinet C, Uriel J. Expression
	of the alpha-fetoprotein gene in human breast cancer.
AM-1	Tumour Biol 1996 17:5 299-305 Harada Y, Ohuchi N, Masuko T, Funaki Y, Mori S, Satomi
	S, Hashimoto Y. Characterization of a new breast
	cancer-associated antigen and its relationship to MUC1
	and TAG-72 antigens. Tohoku J Exp Med 1996 Nov 180:3
, ·	273-88
APC	Dihlmann S, Amler LC, Schwab M, Wenzel A. Variations in
	the expression of the adenomatous polyposis coli (APC)
	tumor suppressor gene in human cancer cell lines of
APRIL	different tissue origin. Oncol Res 1997 9:3 119-27 LE, Sordat B, Rimoldi D, Tschopp J. APRIL, a new ligand
•	of the tumor necrosis factor family, stimulates tumor
BAGE	cell growth. J Exp Med 1998 Sep 21 188:6 1185-90 Böel P, Wildmann C, Sensi ML, Brasseur R, Renauld J-C,
	Coulie P, Boon T, and Van der Bruggen P. BAGE: a new
	gene encoding an antigen recognized on human melanomas
β-catenin	by cytolytic lymphocytes. Immunity 1995, 2: 167-175. Hugh TJ, Dillon SA, O'Dowd G, Getty B, Pignatelli M,
	Poston GJ, Kinsella AR. beta-catenin expression in
	primary and metastatic colorectal carcinoma. Int J
Bc12	Cancer 1999 Aug 12 82:4 504-11 Koty PP, Zhang H, Levitt ML. Antisense bcl-2 treatment
	increases programmed cell death in non-small cell lung
bcr-abl (b3a2)	cancer cell lines. Lung Cancer 1999 Feb 23:2 115-27 Verfaillie CM, Bhatia R, Miller W, Mortari F, Roy V,
	Burger S, McCullough J, Stieglbauer K, Dewald G, Heim-
	feld S, Miller JS, McGlave PB. BCR/ABL-negative primi-
	tive progenitors suitable for transplantation can be
	selected from the marrow of most early-chronic phase

Antigen	Reference
	but not accelerated-phase chronic myelogenous leukemia
CA-125	patients. Blood 1996 Jun 1 87:11 4770-9 Bast RC Jr, Xu FJ, Yu YH, Barnhill S, Zhang Z, Mills
	GB. CA 125: the past and the future. Int J Biol Markers
	1998 Oct-Dec 13:4 179-87
CASP-8 / FLICE	Mandruzzato S, Brasseur F, Andry G, Boon T, van der
	Bruggen P., A CASP-8 mutation recognized by cytolytic T
	lymphocytes on a human head and neck carcinoma. J Exp
	Med 1997 Aug 29 186:5 785-93.
Cathepsins	Thomssen C, Schmitt M, Goretzki L, Oppelt P, Pache L,
	Dettmar P, Jänicke F, Graeff H. Prognostic value of the
• • • • • • • • • • • • • • • • • • • •	cysteine proteases cathepsins B and cathepsin L in
CD19	human breast cancer. Clin Cancer Res 1995 Jul 1:7 741-6 Scheuermann RH, Racila E. CD19 antigen in leukemia and
.11	lymphoma diagnosis and immunotherapy. Leuk Lymphoma
•	1995 Aug 18:5-6 385-97
CD20	Knox SJ, Goris ML, Trisler K, Negrin R, Davis T, Liles
	TM, Grillo-López A, Chinn P, Varns C, Ning SC, Fowler
•	S, Deb N, Becker M, Marquez C, Levy R. Yttrium-90-
	labeled anti-CD20 monoclonal antibody therapy of recur-
	rent B-cell lymphoma. Clin Cancer Res 1996 Mar 2:3 457-
GD21	70 Shubinsky G, Schlesinger M, Polliack A, Rabinowitz R.
CD21	Pathways controlling the expression of surface CD21
•	(CR2) and CD23 (Fc(epsilon)IIR) proteins in human
	malignant B cells. Leuk Lymphoma 1997 May 25:5-6 521-30
CD23	Shubinsky G, Schlesinger M, Polliack A, Rabinowitz R.
	Pathways controlling the expression of surface CD21
	(CR2) and CD23 (Fc(epsilon)IIR) proteins in human
CD22	malignant B cells. Leuk Lymphoma 1997 May 25:5-6 521-30 French RR, Penney CA, Browning AC, Stirpe F, George AJ,
	Glennie MJ. Delivery of the ribosome-inactivating
	protein, gelonin, to lymphoma cells via CD22 and CD38
	using bispecific antibodies. Br J Cancer 1995 May 71:5
	986-94
CD33	Nakase K, Kita K, Shiku H, Tanaka I, Nasu K, Dohy H,
	Kyo T, Tsutani H, Kamada N. Myeloid antigen, CD13,
	CD14, and/or CD33 expression is restricted to certain
	lymphoid neoplasms. Am J Clin Pathol 1996 Jun 105:6
	761-8
CD35	Yamakawa M, Yamada K, Tsuge T, Ohrui H, Ogata T, Dobas-
	hi M, Imai Y. Protection of thyroid cancer cells by
	complement-regulatory factors. Cancer 1994 Jun 1 73:11
	2808-17

Antigen	Reference
CD44	Naot D, Sionov RV, Ish-Shalom D. CD44: structure,
	function, and association with the malignant process.
	Adv Cancer Res 1997 71: 241-319
CD45	Buzzi M, Lu L, Lombardi AJ Jr, Posner MR, Brautigan DL,
	Fast LD, Frackelton AR Jr. Differentiation-induced
	changes in protein-tyrosine phosphatase activity and
	commensurate expression of CD45 in human leukemia cell
	lines. Cancer Res 1992 Jul 15 52:14 4027-35
CD46	Yamakawa M, Yamada K, Tsuge T, Ohrui H, Ogata T, Dobas-
	hi M, Imai Y. Protection of thyroid cancer cells by
i .	complement-regulatory factors. Cancer 1994 Jun 1 73:11
ans	2808-17
CD5	Stein R, Witz IP, Ovadia J, Goldenberg DM, Yron I. CD5+
, ,	B cells and naturally occurring autoantibodies in
CD52	cancer patients. Clin Exp Immunol 1991 Sep 85:3 418-23 Ginaldi L, De Martinis M, Matutes E, Farahat N, Morilla
•	R, Dyer MJ, Catovsky D. Levels of expression of CD52 in
•	normal and leukemic B and T cells: correlation with in
•	vivo therapeutic responses to Campath-1H. Leuk Res 1998
	Feb 22:2 185-91
CD55 (791Tgp72)	Spendlove, I, L. Li, J. Carmichael, & L. G. Durrant.
	Decay accelerating factor (CD55): A target for cancer
CD59	vaccine? (1999) Cancer Research 59: 2282-2286. Jarvis GA, Li J, Hakulinen J, Brady KA, Nordling S,
	Dahiya R, Meri S. Expression and function of the com-
•	plement membrane attack complex inhibitor protectin
	(CD59) in human prostate cancer. Int J Cancer 1997 Jun
CDC27	11 71:6 1049-55 Wang RF, Wang X, Atwood AC, Topalian SL, Rosenberg SA.
•	Cloning genes encoding MHC class II-restricted anti-
	gens: mutated CDC27 as a tumor antigen. Science 1999
CDK4	May 21 284:5418 1351-4 Wölfel, T., Hauer, M., Schneider, J., Serrano, M,
	Wölfel, C., Klehmann-Hieb, E., de Plaen, E., Hankeln,
	T., Meyer zum Büüschenfelde, K, and Beach, D. A
	p16INK4a-insensitive CDK4 mutant targeted by cytolytic
	T lymphocytes in a human melanoma. Science 1995 Sep 1
	269:5228 1281-4
CEA	Kass E, Schlom J, Thompson J, Guadagni F, Graziano P,
	Greiner JW. Induction of protective host immunity to
	carcinoembryonic antigen (CEA), a self-antigen in CEA
	transgenic mice, by immunizing with a recombinant
	vaccinia-CEA virus. Cancer Res 1999 Feb 1 59:3 676-83
c-myc	Watson PH, Pon RT, Shiu RP. Inhibition of c-myc expres-

Antigen	Reference
Antigon	sion by phosphorothicate antisense oligonucleotide
	identifies a critical role for c-myc in the growth of
	human breast cancer. Cancer Res 1991 Aug 1 51:15 3996-
	4000
Cox-2	Tsujii M et al, Cycloxygenase regulates angiogenesis
•	induced by colon cancer cells. Cell 1998; 93:705-716
DCC	Gotley DC, Reeder JA, Fawcett J, Walsh MD, Bates P,
	Simmons DL, Antalis TM. The deleted in colon cancer
	(DCC) gene is consistently expressed in colorectal
	cancers and metastases. Oncogene 1996 Aug 15 13:4 787-
	95
DcR3	Genomic ampliphication of a decoy receptor for Fas
	ligand in lung and colon cancer. Pitti R et al, Nature
E6 / E7	396, 699-703. 1998. Steller MA, Zou Z, Schiller JT, Baserga R. Transforma-
E6 / E7	tion by human papillomavirus 16 E6 and E7: role of the
	insulin-like growth factor 1 receptor. Cancer Res 1996
	Nov 1 56:21 5087-91
EGFR	Yang XD, Jia XC, Corvalan JR, Wang P, Davis CG, Jakobo-
	vits A: Eradication of established tumors by a fully
	human monoclonal antibody to the epidermal growth
	factor receptor without concomitant chemotherapy.
	Cancer Res 1999, 59(6):1236-43.
EMBP .	Clinical study on estramustine binding protein (EMBP)
	in human prostate. Shiina H, Igawa M, Ishibe T. Pros-
	tate 1996 Sep 29:3 169-76.
Ena78	D.A. Arenberg et. al., Epithelial-neutrophil activating
•	peptide (ENA-78) is an important angiogenic factor in
	non-small cell lung cancer. J. Clin. Invest. (1998)
farsyl transferase	102; 465-472.
FGF8b and FGF8a	Dorkin TJ, Robinson MC, Marsh C, Bjartell A, Neal DE,
	Leung HY. FGF8 over-expression in prostate cancer is
	associated with decreased patient survival and persists
	in androgen independent disease. Oncogene 1999 Apr 29
	18:17 2755-61
FLK-1/KDR	T. Annie T. Fong et al, SU5416 is a potent and selec-
	tive inhibitor of the vascular endothelial growth
	factor receptor (Flk-1/KDR) that inhibits tyrosine
	kinase catalysis, tumor vacularization and growth of
	multiple tumor type. Cancer Res, 59, 99-106, 1999
Folic Acid Receptor	Dixon KH, Mulligan T, Chung KN, Elwood PC, Cowan KH.
	Effects of folate receptor expression following stable
	transfection into wild type and methotrexate transport-

Antigen	Reference
	deficient ZR-75-1 human breast cancer cells. J Biol
	Chem 1992 Nov 25 267:33 24140-7
G250	Divgi CR, Bander NH, Scott AM, O'Donoghue JA, Sgouros
	G, Welt S, Finn RD, Morrissey F, Capitelli P, Williams
	JM, Deland D, Nakhre A, Oosterwijk E, Gulec S, Graham
	MC, Larson SM, Old LJ. Phase I/II radioimmunotherapy
	trial with iodine-131-labeled monoclonal antibody G250
	in metastatic renal cell carcinoma. Clin Cancer Res
GAGE-Family	1998 Nov 4:11 2729-39 De Backer O, 10 others, Boon T, van der Bruggen P.
	Characterization of the GAGE genes that are expressed
	in various human cancers and in normal testis. Cancer
general and the second second	Res 1999 Jul 1;59(13):3157-3165.
gastrin 17	Watson SA, Michaeli D, Grimes S, Morris TM, Crosbee D,
	Wilkinson M, Robinson G, Robertson JF, Steele RJ,
,	Hardcastle JD. Anti-gastrin antibodies raised by
•	gastrimmune inhibit growth of the human colorectal
Gastrin-releasing	tumour AP5. Int J Cancer 1995 Apr 10 61:2 233-40 Wang QJ, Knezetic JA, Schally AV, Pour PM, Adrian TE.
hormone (Bombesin)	Bombesin may stimulate proliferation of human pancre-
	atic cancer cells through an autocrine pathway. Int J
GD2 / GD3 / GM2	Cancer 1996 Nov 15 68:4 528-34 Wiesner DA, Sweeley CC. Circulating gangliosides of
	breast-cancer patients. Int J Cancer 1995 Jan 27 60:3
	294-9
GnRH	Bahk JY, Hyun JS, Lee H, Kim MO, Cho GJ, Lee BH, Choi
	WS. Expression of gonadotropin-releasing hormone (GnRH)
	and GnRH receptor mRNA in prostate cancer cells and
	effect of GnRH on the proliferation of prostate cancer
	cells. Urol Res 1998 26:4 259-64
GnTV	Hengstler JG, Arand M, Herrero ME, Oesch F. Polymor-
	phisms of N-acetyltransferases, glutathione S-
	transferases, microsomal epoxide hydrolase and
	sulfotransferases: influence on cancer susceptibility.
CD1	Recent Results Cancer Res 1998 154: 47-85
GP1	
gp100 / Pmel 17	Wagner SN, Wagner C, Schultewolter T, Goos M. Analysis
	of Pmel17/gp100 expression in primary human tissue
	specimens: implications for melanoma immuno- and gene-
gp-100-in4	therapy. Cancer Immunol Immunother 1997 Jun 44:4 239-47 Kirkin AF, Dzhandzhugazyan K, Zeuthen J. Melanoma-
-•	associated antigens recognized by cytotoxic T lympho-
	cytes. APMIS 1998 Jul 106:7 665-79
	-,

Antigen	Reference
gp15	Maeurer MJ, et al. New treatment options for patients
	with melanoma: review of melanoma-derived T-cell
	epitope-based peptide vaccines. Melanoma Res. 1996
gp75 / TRP-1	Feb;6(1):11-24. Lewis JJ, Houghton AN. Definition of tumor antigens
	suitable for vaccine construction. Semin Cancer Biol
hCG	1995 Dec 6:6 321-7 Hoermann R, Gerbes AL, Spoettl G, Jüüngst D, Mann K.
	Immunoreactive human chorionic gonadotropin and its
<u></u>	free beta subunit in serum and ascites of patients with
Heparanase	malignant tumors. Cancer Res 1992 Mar 15 52:6 1520-4 Vlodavsky I, Friedmann Y, Elkin M, Aingorn H, Atzmon R,
ا اعد دروستگاه سیات این در	Ishai-Michaeli R, Bitan M, Pappo O, Peretz T, Michael I,
	Spector L, Pecker I. Mammalian heparanase: gene clo-
	ning, expression and function in tumor progression and
Her2 / neu	metastasis [see comments]. Nat Med 1999 Jul 5:7 793-802 Lewis JJ, Houghton AN. Definition of tumor antigens
	suitable for vaccine construction. Semin Cancer Biol
HMTV	1995 Dec 6:6 321-7 Kahl LP, Carroll AR, Rhodes P, Wood J, Read NG. An
	evaluation of the putative human mammary tumour retro-
	virus associated with peripheral blood monocytes. Br J
Hsp70	Cancer 1991 Apr 63:4 534-40 Jaattela M, et al. Hsp70 exerts its anti-apoptotic
	function downstream of caspase-3-like proteases. EMBO
hTERT (telomerase)	J. 1998 Nov 2;17(21):6124-34. Vonderheide RH, Hahn WC, Schultze JL, Nadler LM. The
	telomerase catalytic subunit is a widely expressed
	tumor-associated antigen recognized by cytotoxic T
IGFR1	lymphocytes. Immunity June; 10: 673-679. 1999. M.J. Ellis et. al., Insulin-like growth factors in
	human breast cancer. Breast Cancer Res. Treat. (1998)
IL-13R	52; 175-184. Murata T, Obiri NI, Debinski W, Puri RK. Structure of
	IL-13 receptor: analysis of subunit composition in
	cancer and immune cells. Biochem Biophys Res Commun
	1997 Sep 8 238:1 90-4
inos	Klotz T, Bloch W, Volberg C, Engelmann U, Addicks K.
	Selective expression of inducible nitric oxide synthase
	in human prostate carcinoma. Cancer 1998 May 15 82:10
кі 67	1897-903 Gerdes, J., U. Schwab, H. Lemke, and H. Stein. Produc-
	tion of a mouse monoclonal antibody reactive with a
	human nuclear antigen associated with cell prolifera-

Antigen	Reference
KIAA0205	tion. Int J Cancer 31, 13-20, 1983 Guéguen M, Patard JJ, Gaugler B, Brasseur F, Renauld
KIAAU2UJ	JC, Van Cangh PJ, Boon T, Van den Eynde BJ. An antigen
	recognized by autologous CTLs on a human bladder carci-
	noma. J Immunol 1998 Jun 15 160:12 6188-94
K-ras, H-ras, N-ras	Abrams SI, Hand PH, Tsang KY, Schlom J. Mutant ras
	epitopes as targets for cancer vaccines. Semin Oncol
KSA (CO17-1A)	1996 Feb 23:1 118-34 Zhang S, Zhang HS, Reuter VE, Slovin SF, Scher HI,
NSA (COI) IA)	Livingston PO. Expression of potential target antigens
	for immunotherapy on primary and metastatic prostate
•	cancers. Clin Cancer Res 1998 Feb 4:2 295-302
LDLR-FUT	Caruso MG, Osella AR, Notarnicola M, Berloco P, Leo S,
grown a market square of	Bonfiglio C, Di Leo A. Prognostic value of low density
·.	lipoprotein receptor expression in colorectal carci-
	noma. Oncol Rep 1998 Jul-Aug 5:4 927-30
•	Marchand M, et al., Tumor regressions observed in
MAGE3)	patients with metastatic melanoma treated with an
	antigenic peptide encoded by gene MAGE-3 and presented
Mammaglobin	by HLA-A1. Int J Cancer 1999 Jan 18;80(2):219-30. Watson MA, Dintzis S, Darrow CM, Voss LE, DiPersio J,
	Jensen R, Fleming TP, Mammaglobin expression in pri-
	mary, metastatic, and occult breast cancer. Cancer Res
MAP17	1999 Jul 1 59:13 3028-31. Kocher O, Cheresh P, Lee SW. Identification and partial
	characterization of a novel membrane-associated protein
•	(MAP17) up-regulated in human carcinomas and modulating
	cell replication and tumor growth. Am J Pathol 1996 Aug
	149:2 493-500
Melan-A / MART-1	Lewis JJ, Houghton AN. Definition of tumor antigens
	suitable for vaccine construction. Semin Cancer Biol
mesothelin	1995 Dec 6:6 321-7 Chang K, et al. Molecular cloning of mesothelin, a
	differentiation antigen present on mesothelium,
	mesotheliomas, and ovarian cancers. Proc Natl Acad Sci
	U S A. 1996 Jan 9;93(1):136-40
MIC A/B	Groh V, Steinle A, Bauer S, and Spies T. Recognition of
	stress-induced MHC molecules by intestinal epithelial
MT-MMP's, such as	gammadelta T cells. Science 1998, 279: 1737-1740. Sato H and Seiki M., Membrane-type matrix
MMP2, MMP3, MMP7,	metalloproteinases (MT-MMPs) in tumormetastasis., J
and MMP9	Biochem (Tokyo) 1996 Feb;119(2):209-15
Mox1	Candia AF, Hu J, Crosby J, Lalley PA, Noden D, Nadeau
	JH, Wright CV. Mox-1 and Mox-2 define a novel homeobox

Antigen	Reference
	gene subfamily and are differentially expressed during
	early mesodermal patterning in mouse embryos. Develop-
	ment 1992 Dec 116:4 1123-36
Mucin, such as MUC-	Lewis JJ, Houghton AN. Definition of tumor antigens
1, MUC-2, MUC-3,	suitable for vaccine construction. Semin Cancer Biol
and MUC-4	1995 Dec 6:6 321-7
MUM-1	Kirkin AF, Dzhandzhugazyan K, Zeuthen J. Melanoma-
	associated antigens recognized by cytotoxic T lympho-
NV PCO-1	cytes. APMIS 1998 Jul 106:7 665-79 Jager, E. et. al. Simultaneous humoral and cellular
NY-ESO-1	immune response against cancer-testis antigen NY-ESO-1:
	definition of human histocompatibility leukocyte anti-
the contract of the contract o	_gen (HLA)-A2-binding peptide epitopes. J. Exp. Med.
Osteonectin	1998, 187:265-270. Graham JD, Balleine RL, Milliken JS, Bilous AM, Clarke
030000001	CL. Expression of osteonectin mRNA in human breast
	tumours is inversely correlated with oestrogen receptor
•	content. Eur J Cancer 1997 Sep 33:10 1654-60
p15	Yoshida S, Todoroki T, Ichikawa Y, Hanai S, Suzuki H,
	Hori M, Fukao K, Miwa M, Uchida K. Mutations of
	pl6Ink4/CDKN2 and pl5Ink4B/MTS2 genes in biliary tract
	cancers. Cancer Res 1995 Jul 1 55:13 2756-60
P170 / MDR1	Trock BJ, Leonessa F, Clarke R. Multidrug resistance in
	breast cancer: a meta-analysis of MDR1/gp170 expression
<i>:</i>	and its possible functional significance. J Natl Cancer
5.0	Inst 1997 Jul 2 89:13 917-31
p53	Roth J, Dittmer D, Rea D, Tartaglia J, Paoletti E,
	Levine AJ. p53 as a target for cancer vaccines: recombinant canarypox virus vectors expressing p53 protect
m weter our	mice against lethal tumor cell challenge. Proc Natl
p97 / melanotrans-	Acad Sci U S A 1996 May 14 93:10 4781-6. Furukawa KS, Furukawa K, Real FX, Old LJ, Lloyd KO. A
ferrin	unique antigenic epitope of human melanoma is carried
	on the common melanoma glycoprotein gp95/p97. J Exp Med
	1989 Feb 1 169:2 585-90
PAI-1	Grøndahl-Hansen J, Christensen IJ, Rosenquist C, Brün-
	ner N, Mouridsen HT, Danø K, Blichert-Toft M. High
	levels of urokinase-type plasminogen activator and its
	inhibitor PAI-1 in cytosolic extracts of breast carci-
	nomas are associated with poor prognosis. Cancer Res
	1993 Jun 1 53:11 2513-21
PDGF	Vassbotn FS, Andersson M, Westermark B, Heldin CH,
	Ostman A. Reversion of autocrine transformation by a
	dominant negative platelet-derived growth factor mu-

Antigen	Reference
	tant. Mol Cell Biol 1993 Jul 13:7 4066-76
Plasminogen (uPA)	Naitoh H, Eguchi Y, Ueyama H, Kodama M, Hattori T.
	Localization of urokinase-type plasminogen activator,
	plasminogen activator inhibitor-1, 2 and plasminogen in
PRAME	colon cancer. Jpn J Cancer Res 1995 Jan 86:1 48-56 Kirkin AF, Dzhandzhugazyan K, Zeuthen J. Melanoma-
	associated antigens recognized by cytotoxic T lympho-
Probasin	cytes. APMIS 1998 Jul 106:7 665-79 Matuo Y, Nishi N, Muguruma Y, Yoshitake Y, Kurata N,
	Wada F. Localization of prostatic basic protein
•	(''probasin'') in the rat prostates by use of monoclo-
•	nal antibody. Biochem Biophys Res Commun 1985 Jul 16
	130:1 293-300
Progenipoietin	
PSA	Sanda MG, Smith DC, Charles LG, Hwang C, Pienta KJ,
	Schlom J, Milenic D, Panicali D, Montie JE. Recombinant
	vaccinia-PSA (PROSTVAC) can induce a prostate-specific
	immune response in androgen-modulated human prostate
•	cancer. Urology 1999 Feb 53:2 260-6.
PSM	Kawakami M, Nakayama J. Enhanced expression of
	prostate-specific membrane antigen gene in prostate
	cancer as revealed by in situ hybridization. Cancer Res
RAGE-1	1997 Jun 15 57:12 2321-4 Gaugler B, 7 others, Van den Eynde BJ. A new gene
	coding for an antigen recognized by autologous cytoly-
,	tic T lymphocytes on a human renal carcinoma.
Rb	Immunogenetics 1996;44(5):323-330. Dosaka-Akita H, Hu SX, Fujino M, Harada M, Kinoshita I,
	Xu HJ, Kuzumaki N, Kawakami Y, Benedict WF. Altered
	retinoblastoma protein expression in nonsmall cell lung
	cancer: its synergistic effects with altered ras and
	p53 protein status on prognosis. Cancer 1997 Apr 1 79:7
RCAS1	1329-37 Sonoda K, Nakashima M, Kaku T, Kamura T, Nakano H,
	Watanabe T. A novel tumor-associated antigen expressed
	in human uterine and ovarian carcinomas. Cancer 1996
	Apr 15;77(8):1501-1509.
SART-1	Kikuchi M, Nakao M, Inoue Y, Matsunaga K, Shichijo S,
	Yamana H, Itoh K. Identification of a SART-1-derived
	peptide capable of inducing HLA-A24-restricted and
	tumor-specific cytotoxic T lymphocytes. Int J Cancer
	1999 May 5 81:3 459-66
SSX gene family	Gure AO, Tüüreci O, Sahin U, Tsang S, Scanlan MJ, Jäger E, Knuth A, Pfreundschuh M, Old LJ, Chen YT. SSX: a
	E, Miden A, Filediasciali M, Old Bo, Chen II. Bon. d

multigene family with several members transcribed in normal testis and human cancer. Int J Cancer 1997 Sep 17 72:6 963-71 Bromberg JF, Wrzeszczynska MH, Devgan G, Zhao Y, Pestell RG, Albanese C, Darnell JE Jr. Stat3 as an oncogene. Cell 1999 Aug 6;98(3):255-303 STn (mucin assoc.) STn (mucin assoc.) Sandmaier EM, Oparin DV, Holmberg LA, Reddish MA, MacLean GD, Longenecker EM. Evidence of a cellular immune response against sialyl-Tn in breast and ovarian cancer patients after high-dose chemotherapy, stem cell rescue, and immunization with Theratope STn-KLH cancer vaccine. J Immunother 1999 Jan 22:1 54-66 Kuroki M, Fernsten FD, Wunderlich D, Colcher-D, Simpson JF, Poole DJ, Schlom J. Serological mapping of the TAG-72 timor-associated antigen using 19 distinct monoclonal antibodies. Cancer Res 1990 Aug 15 50:16 4872-9 Imanishi K, Yamaguchi K, Suzuki M, Honda S, Yanaihara N, Abe K. Production of transforming growth factoralpha in human tumour cell lines. Br J Cancer 1989 May 59:5 761-5 TGF-β Picon A, Gold LI, Wang J, Cohen A, Friedman E. A subset of metastatic human colon cancers expresses elevated levels of transforming growth factor betal. Cancer Epidemiol Biomarkers Prev 1998 Jun 7:6 497-504 Bao, L., Loda, M., Janmey, P. A., Stewatt, R., Anand-Apte, B., and Zetter, B. R. Thymosin beta 15: a novel regulator of tumor cell motility upregulated in metastatic prostate cancer. Nature Medicine. 2 (12), 1322-1328. 1996 Moradi MM, Carson LF, Weinberg B, Haney AF, Twiggs LB, Ramakrishnan S. Serum and ascitic fluid levels of interleukin-1, interleukin-6, and tumor necrosis factor-alpha in patients with ovarian epithelial cancer. Cancer 1993 Oct 15 72:8 2433-40 Mulard C, Toubert ME, Chretien Y, Delanian S, Dufour B, Housset M. Serum tissue polypeptide antigen (S-TPA) in bladder cancer as a tumor marker. A prospective study. Cancer 1994 Jan 15 73:2 394-8 Nishida Y, Sumi H, Mihara H. A thiol protease inhibitor released from cultured human malignant melanoma cells. Cancer Res 1984 Aug 44:8 3324-9 Parkmurst MR, Fitzgerald EB, S	Antigen	Reference
Bromberg JF, Wizeszczynska MH, Devgan G, Zhao Y, Pestell RG, Albanese C, Darnell JE Jr. Stat3 as an oncogene. Celi 1999 Aug 6;98(3):295-303 STn (mucin assoc.) Sandmaier BM, Oparin DV, Holmberg LA, Reddish MA, MacLean GD, Longenecker BM. Evidence of a cellular immune response against sialyl-Tn in breast and ovarian cancer patients after high-dose chemotherapy, stem cell rescue, and immunization with Theratope STn-KLH cancer vaccine. J Immunother 1999 Jan 22:1 54-66 Ruroki M, Fernsten PD, Munderlich D, Colcher D, Simpson JF, Poole DJ, Schlom J. Serological mapping of the TAG-72 timmor-associated antigen using 19 distinct monoclonal antibodies. Cancer Res 1990 Aug 15 50:16 4872-9 TGF-α Imanishi K, Yamaguchi K, Suzuki M, Honda S, Yanaihara N, Abe K. Production of transforming growth factoralpha in human tumour cell lines. Br J Cancer 1989 May 59:5761-5 TGF-β Picon A, Gold LI, Wang J, Cohen A, Friedman E. A subset of metastatic human colon cancers expresses elevated levels of transforming growth factor betal. Cancer Epidemiol Biomarkers Prev 1998 Jun 7:6 497-504 Thymosin β 15 Bao, L., Loda, M., Janmey, P. A., Stewart, R., AnandApte, B., and Zetter, B. R. Thymosin beta 15: a novel regulator of tumor cell motility upregulated in metastatic prostate cancer. Nature Medicine. 2 (12), 1322-1328. 1996 TNF-α Moradi MM, Carson LF, Weinberg B, Haney AF, Twiggs LB, Ramakrishnan S. Serum and ascitic fluid levels of interleukin-1, interleukin-6, and tumor necrosis factor-alpha in patients with ovarian epithelial cancer. Cancer 1993 Oct 15 72:8 2433-40 Maulard C, Toubert ME, Chretien Y, Delanian S, Dufour B, Housset M. Serum tissue polypeptide antigen (S-TPA) in bladder cancer as a tumor marker. A prospective study. Cancer 1994 Jan 15 73:2 394-8 Nishida Y, Sumi H, Mihara H. A thiol protease inhibitor released from cultured human malignant melanoma cells. Cancer Res 1984 Aug 44:8 3324-9 TPI Parkhurst MR, Fitzgerald EB, Southwood S, Sette A, Rosenberg SA, Kawakami Y. Identification of a shared		multigene family with several members transcribed in
STAT3 Bromberg JF, Wrzeszczynska MH, Devgan G, Zhao Y, Pestell RG, Albanese C, Darnell JE Jr. Stat3 as an oncogene. Celi 1999 Aug 6;84(3):295–303 STM (mucin assoc.) Sandmaier BM, Oparin DV, Holmberg LA, Reddish MA, MacLean GD, Longenecker BM. Evidence of a cellular immune response against sialyl-Tn in breast and ovarian cancer patients after high-dose chemotherapy, stem cell rescue, and immunization with Theratope STn-KLH cancer vaccine. J Immunother 1999 Jan 22:1 54-66 Kuroki M, Fernsten PD, Wunderlich D, Colcher-D, Simpson JF, Poole DJ, Schlom J. Serological mapping of the TAG-72 tumor-associated antigen using 19 distinct monoclonal antibodies. Cancer Res 1990 Aug 15 50:16 4872-9 Imanishi K, Yamaguchi K, Suzuki M, Honda S, Yanaihara N, Abe K. Production of transforming growth factoralpha in human tumour cell lines. Br J Cancer 1989 May 59:5 761-5 Picon A, Gold LI, Wang J, Cohen A, Friedman E. A subset of metastatic human colon cancers expresses elevated levels of transforming growth factor betal. Cancer Epidemiol Biomarkers Prev 1998 Jun 7:6 497-504 Bao, L., Loda, M., Janmey, P. A., Stewart, R., AnandApte, B., and Zetter, B. R. Thymosin beta 15: a novel regulator of tumor cell motility upregulated in metastatic prostate cancer. Nature Medicine. 2 (12), 1322-1328. 1996 TNF-α Moradi MM, Carson LF, Weinberg B, Haney AF, Twiggs LB, Ramakrishnan S. Serum and ascitic fluid levels of interleukin-1, interleukin-6, and tumor necrosis factor-alpha in patients with ovarian epithelial cancer. Cancer 1993 Oct 15 72:8 2433-40 Maulard C, Toubert ME, Chretien Y, Delanian S, Dufour B, Housset M. Serum tissue polypeptide antigen (5-TPA) in bladder cancer as a tumor marker. A prospective study. Cancer 1994 Jan 15 73:2 394-8 Nishida Y, Sumi H, Mihara H. A thiol protease inhibitor released from cultured human malignant melanoma cells. Cancer Res 1984 Aug 44:8 3324-9 Parkhurst MR, Fitzgerald EB, Southwood S, Sette A, Rosenberg SA, Kawakami Y. Identification of a shared		normal testis and human cancer. Int J Cancer 1997 Sep
tell RG, Albanese C, Darnell JE Jr. Stat3 as an oncogene. Cell 1999 Aug 6;98(3):295-303 STn (mucin assoc.) Sandmaier BM, Oparin DV, Holmberg LA, Reddish MA, MacLean GD, Longenecker BM. Evidence of a cellular immune response against sialyl-Tn in breast and ovarian cancer patients after high-dose chemotherapy, stem cell rescue, and immunization with Theratope STn-KLH cancer vaccine. J Immunother 1999 Jan 22:1 54-66 Kuroki M, Fernsten PD, Nunderlich D, Colcher D, Simpson JF, Poole DJ, Schlom J. Serological mapping of the TAG-72 tumor-associated antigen using 19 distinct monoclonal antibodies. Cancer Res 1990 Aug 15 50:16 4872-9 TGF-α Imanishi K, Yamaguchi K, Suzuki M, Honda S, Yanaihara N, Abe K. Production of transforming growth factoralpha in human tumour cell lines. Br J Cancer 1989 May 59:5 761-5 TGF-β Picon A, Gold LI, Wang J, Cohen A, Friedman E. A subset of metastatic human colon cancers expresses elevated levels of transforming growth factor betal. Cancer Epidemiol Biomarkers Prev 1998 Jun 7:6 497-504 Thymosin β 15 Bao, L., Loda, M., Janmey, P. A., Stewart, R., Anand-Apte, B., and Zetter, B. R. Thymosin beta 15: a novel regulator of tumor cell motility upregulated in metastatic prostate cancer. Nature Medicine. 2 (12), 1322-1328. 1996 TNF-α Moradi MM, Carson LF, Weinberg B, Haney AF, Twiggs LB, Ramakrishnan S. Serum and ascitic fluid levels of interleukin-1, interleukin-6, and tumor necrosis factor-alpha in patients with ovarian epithelial cancer. Cancer 1993 Oct 15 72:8 2433-40 TPA Maulard C, Toubert ME, Chretien Y, Delanian S, Dufour B, Housset M. Serum tissue polypeptide antigen (S-TPA) in bladder cancer as a tumor marker. A prospective study. Cancer 1994 Jan 15 73:2 394-8 Nishida Y, Sumi H, Mihara H. A thiol protease inhibitor released from cultured human malignant melanoma cells. Cancer Res 1984 Aug 44:8 3324-9 Parkhurst MR, Fitzgerald EB, Southwood S, Sette A, Rosenberg SA, Kawakami Y. Identification of a shared		
gene. Cell 1999 Aug 6;98(3):295-303 Sandmaier BM, Oparin DV, Holmberg LA, Reddish MA, MacLean GD, Longenecker BM. Evidence of a cellular immune response against stalyl-Tn in breast and ovarian cancer patients after high-dose chemotherapy, stem cell rescue, and immunization with Theratope STn-KLH cancer vaccine. J Immunother 1999 Jan 22:1 54-66 Kuroki M, Fernsten PD, Wunderlich D, Colcher-D, Simpson JF, Poole DJ, Schlom J. Serological mapping of the TAG- 72 tumor-associated antigen using 19 distinct monoclo- nal antibodies. Cancer Res 1990 Aug 15 50:16 4872-9 Imanishi K, Yamaguchi K, Suzuki M, Honda S, Yanaihara N, Abe K. Production of transforming growth factor- alpha in human tumour cell lines. Br J Cancer 1989 May 59:5 761-5 Picon A, Gold LI, Wang J, Cohen A, Friedman E. A subset of metastatic human colon cancers expresses elevated levels of transforming growth factor betal. Cancer Epidemiol Biomarkers Prev 1998 Jun 7:6 497-504 Bao, L., Loda, M., Janmey, P. A., Stewart, R., Anand- Apte, B., and Zetter, B. R. Thymosin beta 15: a novel regulator of tumor cell motility upregulated in meta- static prostate cancer. Nature Medicine. 2 (12), 1322- 1328. 1996 Moradi MM, Carson LF, Weinberg B, Haney AF, Twiggs LB, Ramakrishnan S. Serum and ascitic fluid levels of interleukin-1, interleukin-6, and tumor necrosis factor-alpha in patients with ovarian epithelial can- cer. Cancer 1993 Oct 15 72:8 2433-40 Maulard C, Toubert ME, Chretien Y, Delanian S, Dufour B, Housset M. Serum tissue polypeptide antigen (S-TPA) in bladder cancer as a tumor marker. A prospective study, Cancer 1994 Jan 15 73:2 394-8 Nishida Y, Sumi H, Mihara H. A thiol protease inhibitor released from cultured human malignant melanoma cells. Cancer Res 1984 Aug 44:8 3324-9 Parkhurst MR, Fitzgerald EB, Southwood S, Sette A, Rosenberg SA, Kawakami Y. Identification of a shared	STAT3	•
Sandmaier BM, Oparin DV, Holmberg LA, Reddish MA, MacLean GD, Longenecker BM. Evidence of a cellular immune response against sialyl-Tn in breast and ovarian cancer patients after high-dose chemotherapy, stem cell rescue, and immunization with Theratope STn-KLH cancer vaccine. J Immunother 1999 Jan 22:1 54-66 TAG-72 (Kuroki M, Fernsten PD, Wunderlich D, Colcher-D, Simpson JF, Poole DJ, Schlom J. Serological mapping of the TAG-72 timor-associated antigen using 19 distinct monoclonal antibodies. Cancer Res 1990 Aug 15 50:16 4872-9 Imanishi K, Yamaguchi K, Suzuki M, Honda S, Yanaihara N, Abe K. Production of transforming growth factoralpha in human tumour cell lines. Br J Cancer 1989 May 59:5 761-5 TGF-β Picon A, Gold LI, Wang J, Cohen A, Friedman E. A subset of metastatic human colon cancers expresses elevated levels of transforming growth factor betal. Cancer Epidemiol Biomarkers Prev 1998 Jun 7:6 497-504 Thymosin β 15 Bao, L., Loda, M., Janmey, P. A., Stewart, R., Anand-Apte, B., and Zetter, B. R. Thymosin beta 15: a novell regulator of tumor cell motility upregulated in metastatic prostate cancer. Nature Medicine. 2 (12), 1322-1328. 1996 TNF-α Moradi MM, Carson LF, Weinberg B, Haney AF, Twiggs LB, Ramakrishnan S. Serum and ascitic fluid levels of interleukin-1, interleukin-6, and tumor necrosis factor-alpha in patients with ovarian epithelial cancer. Cancer 1993 Oct 15 72:8 2433-40 TPA Maulard C, Toubert ME, Chretien Y, Delanian S, Dufour B, Housset M. Serum tissue polypeptide antigen (S-TPA) in bladder cancer as a tumor marker. A prospective study. Cancer 1994 Jan 15 73:2 394-8 Nishida Y, Sumi H, Mihara H. A thiol protease inhibitor released from cultured human malignant melanoma cells. Cancer Res 1984 Aug 44:8 3324-9 Parkhurst MR, Fitzgerald EB, Southwood S, Sette A, Rosenberg SA, Kawakami Y. Identification of a shared		tell RG, Albanese C, Darnell JE Jr. Stat3 as an onco-
immune response against sialyl-Tn in breast and ovarian cancer patients after high-dose chemotherapy, stem cell rescue, and immunization with Theratope STn-KLH cancer vaccine. J Immunother 1999 Jan 22:1 54-66 Kuroki M, Fernsten PD, Wunderlich D, Colcher-D, Simpson JF, Poole DJ, Schlom J. Serological mapping of the TAG-72 tumor-associated antigen using 19 distinct monoclonal antibodies. Cancer Res 1990 Aug 15 50:16 4872-9 TGF-α Imanishi K, Yamaguchi K, Suzuki M, Honda S, Yanaihara N, Abe K. Production of transforming growth factoralpha in human tumour cell lines. Br J Cancer 1989 May 59:5 761-5 Picon A, Gold LI, Wang J, Cohen A, Friedman E. A subset of metastatic human colon cancers expresses elevated levels of transforming growth factor betal. Cancer Epidemiol Biomarkers Prev 1998 Jun 7:6 497-504 Bao, L., Loda, M., Janmey, P. A., Stewart, R., Anand-Apte, B., and Zetter, B. R. Thymosin beta 15: a novel regulator of tumor cell motility upregulated in metastatic prostate cancer. Nature Medicine. 2 (12), 1322-1328. 1996 TNF-α Moradi MM, Carson LF, Weinberg B, Haney AF, Twiggs LB, Ramakrishnan S. Serum and ascitic fluid levels of interleukin-1, interleukin-6, and tumor necrosis factor-alpha in patients with ovarian epithelial cancer. Cancer 1993 Oct 15 72:8 2433-40 Maulard C, Toubert ME, Chretien Y, Delanian S, Dufour B, Housset M. Serum tissue polypeptide antigen (S-TPA) in bladder cancer as a tumor marker. A prospective study. Cancer 1994 Jan 15 73:2 394-8 Nishida Y, Sumi H, Mihara H. A thiol protease inhibitor released from cultured human malignant melanoma cells. Cancer Res 1984 Aug 44:8 3324-9 Parkhurst MR, Fitzgerald EB, Southwood S, Sette A, Rosenberg SA, Kawakami Y. Identification of a shared	STn (mucin assoc.)	
cancer patients after high-dose chemotherapy, stem cell rescue, and immunization with Theratope STn-KLH cancer vaccine. J Immunother 1999 Jan 22:1 54-66 Kuroki M, Fernsten PD, Wunderlich D, Colcher-D, Simpson JF, Poole DJ, Schlom J. Serological mapping of the TAG-72 tumor-associated antigen using 19 distinct monoclonal antibodies. Cancer Res 1990 Aug 15 50:16 4872-9 TGF-α Imanishi K, Yamaguchi K, Suzuki M, Honda S, Yanaihara N, Abe K. Production of transforming growth factoralpha in human tumour cell lines. Br J Cancer 1989 May 59:5 761-5 TGF-β Picon A, Gold LI, Wang J, Cohen A, Friedman E. A subset of metastatic human colon cancers expresses elevated levels of transforming growth factor betal. Cancer Epidemiol Biomarkers Prev 1998 Jun 7:6 497-504 Bao, L., Loda, M., Janmey, P. A., Stewart, R., Anand-Apte, B., and Zetter, B. R. Thymosin beta 15: a novel regulator of tumor cell motility upregulated in metastatic prostate cancer. Nature Medicine. 2 (12), 1322-1328. 1996 Moradi MM, Carson LF, Weinberg B, Haney AF, Twiggs LB, Ramakrishnan S. Serum and ascitic fluid levels of interleukin-1, interleukin-6, and tumor necrosis factor-alpha in patients with ovarian epithelial cancer. Cancer 1993 Oct 15 72:8 2433-40 Maulard C, Toubert ME, Chretien Y, Delanian S, Dufour B, Housset M. Serum tissue polypeptide antigen (S-TPA) in bladder cancer as a tumor marker. A prospective study. Cancer 1994 Jan 15 73:2 394-8 Nishida Y, Sumi H, Mihara H. A thiol protease inhibitor released from cultured human malignant melanoma cells. Cancer Res 1984 Aug 44:8 3324-9 Parkhurst MR, Fitzgerald EB, Southwood S, Sette A, Rosenberg SA, Kawakami Y. Identification of a shared		MacLean GD, Longenecker BM. Evidence of a cellular
rescue, and immunization with Theratope STn-KLH cancer vaccine. J Immunother 1999 Jan 22:1 54-66		immune response against sialyl-Tn in breast and ovarian
vaccine. J Immunother 1999 Jan 22:1 54-66 Kuroki M, Fernsten PD, Wunderlich D, Colcher-D, Simpson JF, Poole DJ, Schlom J. Serological mapping of the TAG- 72 tumor-associated antigen using 19 distinct monoclo- nal antibodies. Cancer Res 1990 Aug 15 50:16 4872-9 Imanishi K, Yamaguchi K, Suzuki M, Honda S, Yanaihara N, Abe K. Production of transforming growth factor- alpha in human tumour cell lines. Br J Cancer 1989 May 59:5 761-5 Picon A, Gold LI, Wang J, Cohen A, Friedman E. A subset of metastatic human colon cancers expresses elevated levels of transforming growth factor betal. Cancer Epidemiol Biomarkers Prev 1998 Jun 7:6 497-504 Bao, L., Loda, M., Janmey, P. A., Stewart, R., Anand-Apte, B., and Zetter, B. R. Thymosin beta 15: a novel regulator of tumor cell motility upregulated in metastatic prostate cancer. Nature Medicine. 2 (12), 1322-1328. 1996 Moradi MM, Carson LF, Weinberg B, Haney AF, Twiggs LB, Ramakrishnan S. Serum and ascitic fluid levels of interleukin-1, interleukin-6, and tumor necrosis factor-alpha in patients with ovarian epithelial cancer. Cancer 1993 Oct 15 72:8 2433-40 Maulard C, Toubert ME, Chretien Y, Delanian S, Dufour B, Housset M. Serum tissue polypeptide antigen (S-TPA) in bladder cancer as a tumor marker. A prospective study. Cancer 1994 Jan 15 73:2 394-8 Nishida Y, Sumi H, Mihara H. A thiol protease inhibitor released from cultured human malignant melanoma cells. Cancer Res 1984 Aug 44:8 3324-9 Parkhurst MR, Fitzgerald EB, Southwood S, Sette A, Rosenberg SA, Kawakami Y. Identification of a shared		cancer patients after high-dose chemotherapy, stem cell
TAG-72 Kuroki M, Fernsten PD, Wunderlich D, Colcher-D, Simpson JF, Poole DJ, Schlom J. Serological mapping of the TAG- 72 tumor-associated antigen using 19 distinct monoclo- nal antibodies. Cancer Res 1990 Aug 15 50:16 4872-9 Imanishi K, Yamaguchi K, Suzuki M, Honda S, Yanaihara N, Abe K. Production of transforming growth factor- alpha in human tumour cell lines. Br J Cancer 1989 May 59:5 761-5 Picon A, Gold LI, Wang J, Cohen A, Friedman E. A subset of metastatic human colon cancers expresses elevated levels of transforming growth factor betal. Cancer Epidemiol Biomarkers Prev 1998 Jun 7:6 497-504 Thymosin β 15 Bao, L., Loda, M., Janmey, P. A., Stewart, R., Anand-Apte, B., and Zetter, B. R. Thymosin beta 15: a novel regulator of tumor cell motility upregulated in metastatic prostate cancer. Nature Medicine. 2 (12), 1322-1328. 1996 Moradi MM, Carson LF, Weinberg B, Haney AF, Twiggs LB, Ramakrishnan S. Serum and ascitic fluid levels of interleukin-1, interleukin-6, and tumor necrosis factor-alpha in patients with ovarian epithelial cancer. Cancer 1993 Oct 15 72:8 2433-40 Maulard C, Toubert ME, Chretien Y, Delanian S, Dufour B, Housset M. Serum tissue polypeptide antigen (S-TPA) in bladder cancer as a tumor marker. A prospective study. Cancer 1994 Jan 15 73:2 394-8 Nishida Y, Sumi H, Mihara H. A thiol protease inhibitor released from cultured human malignant melanoma cells. Cancer Res 1984 Aug 44:8 3324-9 Parkhurst MR, Fitzgerald EB, Southwood S, Sette A, Rosenberg SA, Kawakami Y. Identification of a shared		rescue, and immunization with Theratope STn-KLH cancer
TGF-α TGF-β TGG-β TGF-β TGG-G TGF-β TG-β TGF-β	TAG-72	
nal antibodies. Cancer Res 1990 Aug 15 50:16 4872-9 Imanishi K, Yamaguchi K, Suzuki M, Honda S, Yanaihara N, Abe K. Production of transforming growth factor- alpha in human tumour cell lines. Br J Cancer 1989 May 59:5 761-5 TGF-β Picon A, Gold LI, Wang J, Cohen A, Friedman E. A subset of metastatic human colon cancers expresses elevated levels of transforming growth factor betal. Cancer Epidemiol Biomarkers Prev 1998 Jun 7:6 497-504 Bao, L., Loda, M., Janmey, P. A., Stewart, R., Anand- Apte, B., and Zetter, B. R. Thymosin beta 15: a novel regulator of tumor cell motility upregulated in meta- static prostate cancer. Nature Medicine. 2 (12), 1322- 1328. 1996 Moradi MM, Carson LF, Weinberg B, Haney AF, Twiggs LB, Ramakrishnan S. Serum and ascitic fluid levels of interleukin-1, interleukin-6, and tumor necrosis factor-alpha in patients with ovarian epithelial can- cer. Cancer 1993 Oct 15 72:8 2433-40 Maulard C, Toubert ME, Chretien Y, Delanian S, Dufour B, Housset M. Serum tissue polypeptide antigen (S-TPA) in bladder cancer as a tumor marker. A prospective study. Cancer 1994 Jan 15 73:2 394-8 Nishida Y, Sumi H, Mihara H. A thiol protease inhibitor released from cultured human malignant melanoma cells. Cancer Res 1984 Aug 44:8 3324-9 Parkhurst MR, Fitzgerald EB, Southwood S, Sette A, Rosenberg SA, Kawakami Y. Identification of a shared		JF, Poole DJ, Schlom J. Serological mapping of the TAG-
TGF-α Imanishi K, Yamaguchi K, Suzuki M, Honda S, Yanaihara N, Abe K. Production of transforming growth factoralpha in human tumour cell lines. Br J Cancer 1989 May 59:5 761-5 TGF-β Picon A, Gold LI, Wang J, Cohen A, Friedman E. A subset of metastatic human colon cancers expresses elevated levels of transforming growth factor betal. Cancer Epidemiol Biomarkers Prev 1998 Jun 7:6 497-504 Bao, L., Loda, M., Janmey, P. A., Stewart, R., Anand-Apte, B., and Zetter, B. R. Thymosin beta 15: a novel regulator of tumor cell motility upregulated in metastatic prostate cancer. Nature Medicine. 2 (12), 1322-1328. 1996 Moradi MM, Carson LF, Weinberg B, Haney AF, Twiggs LB, Ramakrishnan S. Serum and ascitic fluid levels of interleukin-1, interleukin-6, and tumor necrosis factor-alpha in patients with ovarian epithelial cancer. Cancer 1993 Oct 15 72:8 2433-40 TPA Maulard C, Toubert ME, Chretien Y, Delanian S, Dufour B, Housset M. Serum tissue polypeptide antigen (S-TPA) in bladder cancer as a tumor marker. A prospective study. Cancer 1994 Jan 15 73:2 394-8 Nishida Y, Sumi H, Mihara H. A thiol protease inhibitor released from cultured human malignant melanoma cells. Cancer Res 1984 Aug 44:8 3324-9 Parkhurst MR, Fitzgerald EB, Southwood S, Sette A, Rosenberg SA, Kawakami Y. Identification of a shared		72 tumor-associated antigen using 19 distinct monoclo-
N, Abe K. Production of transforming growth factoralpha in human tumour cell lines. Br J Cancer 1989 May 59:5 761-5 Picon A, Gold LI, Wang J, Cohen A, Friedman E. A subset of metastatic human colon cancers expresses elevated levels of transforming growth factor betal. Cancer Epidemiol Biomarkers Prev 1998 Jun 7:6 497-504 Bao, L., Loda, M., Janmey, P. A., Stewart, R., Anand-Apte, B., and Zetter, B. R. Thymosin beta 15: a novel regulator of tumor cell motility upregulated in metastatic prostate cancer. Nature Medicine. 2 (12), 1322-1328. 1996 TNF-α Moradi MM, Carson LF, Weinberg B, Haney AF, Twiggs LB, Ramakrishnan S. Serum and ascitic fluid levels of interleukin-1, interleukin-6, and tumor necrosis factor-alpha in patients with ovarian epithelial cancer. Cancer 1993 Oct 15 72:8 2433-40 TPA Maulard C, Toubert ME, Chretien Y, Delanian S, Dufour B, Housset M. Serum tissue polypeptide antigen (S-TPA) in bladder cancer as a tumor marker. A prospective study. Cancer 1994 Jan 15 73:2 394-8 Nishida Y, Sumi H, Mihara H. A thiol protease inhibitor released from cultured human malignant melanoma cells. Cancer Res 1984 Aug 44:8 3324-9 Parkhurst MR, Fitzgerald EB, Southwood S, Sette A, Rosenberg SA, Kawakami Y. Identification of a shared	•	nal antibodies. Cancer Res 1990 Aug 15 50:16 4872-9
alpha in human tumour cell lines. Br J Cancer 1989 May 59:5 761-5 Picon A, Gold LI, Wang J, Cohen A, Friedman E. A subset of metastatic human colon cancers expresses elevated levels of transforming growth factor betal. Cancer Epidemiol Biomarkers Prev 1998 Jun 7:6 497-504 Bao, L., Loda, M., Janmey, P. A., Stewart, R., Anand-Apte, B., and Zetter, B. R. Thymosin beta 15: a novel regulator of tumor cell motility upregulated in metastatic prostate cancer. Nature Medicine. 2 (12), 1322-1328. 1996 Moradi MM, Carson LF, Weinberg B, Haney AF, Twiggs LB, Ramakrishnan S. Serum and ascitic fluid levels of interleukin-1, interleukin-6, and tumor necrosis factor-alpha in patients with ovarian epithelial cancer. Cancer 1993 Oct 15 72:8 2433-40 Maulard C, Toubert ME, Chretien Y, Delanian S, Dufour B, Housset M. Serum tissue polypeptide antigen (S-TPA) in bladder cancer as a tumor marker. A prospective study. Cancer 1994 Jan 15 73:2 394-8 TPI Nishida Y, Sumi H, Mihara H. A thiol protease inhibitor released from cultured human malignant melanoma cells. Cancer Res 1984 Aug 44:8 3324-9 Parkhurst MR, Fitzgerald EB, Southwood S, Sette A, Rosenberg SA, Kawakami Y. Identification of a shared	TGF-a	Imanishi K, Yamaguchi K, Suzuki M, Honda S, Yanaihara
TGF-β Picon A, Gold LI, Wang J, Cohen A, Friedman E. A subset of metastatic human colon cancers expresses elevated levels of transforming growth factor betal. Cancer Epidemiol Biomarkers Prev 1998 Jun 7:6 497-504 Bao, L., Loda, M., Janmey, P. A., Stewart, R., Anand-Apte, B., and Zetter, B. R. Thymosin beta 15: a novel regulator of tumor cell motility upregulated in metastatic prostate cancer. Nature Medicine. 2 (12), 1322-1328. 1996 TNF-α Moradi MM, Carson LF, Weinberg B, Haney AF, Twiggs LB, Ramakrishnan S. Serum and ascitic fluid levels of interleukin-1, interleukin-6, and tumor necrosis factor-alpha in patients with ovarian epithelial cancer. Cancer 1993 Oct 15 72:8 2433-40 TPA Maulard C, Toubert ME, Chretien Y, Delanian S, Dufour B, Housset M. Serum tissue polypeptide antigen (S-TPA) in bladder cancer as a tumor marker. A prospective study. Cancer 1994 Jan 15 73:2 394-8 Nishida Y, Sumi H, Mihara H. A thiol protease inhibitor released from cultured human malignant melanoma cells. Cancer Res 1984 Aug 44:8 3324-9 Parkhurst MR, Fitzgerald EB, Southwood S, Sette A, Rosenberg SA, Kawakami Y. Identification of a shared		N, Abe K. Production of transforming growth factor-
Picon A, Gold LI, Wang J, Cohen A, Friedman E. A subset of metastatic human colon cancers expresses elevated levels of transforming growth factor betal. Cancer Epidemiol Biomarkers Prev 1998 Jun 7:6 497-504 Thymosin β 15 Bao, L., Loda, M., Janmey, P. A., Stewart, R., Anand-Apte, B., and Zetter, B. R. Thymosin beta 15: a novel regulator of tumor cell motility upregulated in metastatic prostate cancer. Nature Medicine. 2 (12), 1322-1328. 1996 TNF-α Moradi MM, Carson LF, Weinberg B, Haney AF, Twiggs LB, Ramakrishnan S. Serum and ascitic fluid levels of interleukin-1, interleukin-6, and tumor necrosis factor-alpha in patients with ovarian epithelial cancer. Cancer 1993 Oct 15 72:8 2433-40 TPA Maulard C, Toubert ME, Chretien Y, Delanian S, Dufour B, Housset M. Serum tissue polypeptide antigen (S-TPA) in bladder cancer as a tumor marker. A prospective study. Cancer 1994 Jan 15 73:2 394-8 Nishida Y, Sumi H, Mihara H. A thiol protease inhibitor released from cultured human malignant melanoma cells. Cancer Res 1984 Aug 44:8 3324-9 Parkhurst MR, Fitzgerald EB, Southwood S, Sette A, Rosenberg SA, Kawakami Y. Identification of a shared	* *	alpha in human tumour cell lines. Br J Cancer 1989 May
of metastatic human colon cancers expresses elevated levels of transforming growth factor betal. Cancer Epidemiol Biomarkers Prev 1998 Jun 7:6 497-504 Bao, L., Loda, M., Janmey, P. A., Stewart, R., Anand-Apte, B., and Zetter, B. R. Thymosin beta 15: a novel regulator of tumor cell motility upregulated in metastatic prostate cancer. Nature Medicine. 2 (12), 1322-1328. 1996 Moradi MM, Carson LF, Weinberg B, Haney AF, Twiggs LB, Ramakrishnan S. Serum and ascitic fluid levels of interleukin-1, interleukin-6, and tumor necrosis factor-alpha in patients with ovarian epithelial cancer. Cancer 1993 Oct 15 72:8 2433-40 TPA Maulard C, Toubert ME, Chretien Y, Delanian S, Dufour B, Housset M. Serum tissue polypeptide antigen (S-TPA) in bladder cancer as a tumor marker. A prospective study. Cancer 1994 Jan 15 73:2 394-8 Nishida Y, Sumi H, Mihara H. A thiol protease inhibitor released from cultured human malignant melanoma cells. Cancer Res 1984 Aug 44:8 3324-9 Parkhurst MR, Fitzgerald EB, Southwood S, Sette A, Rosenberg SA, Kawakami Y. Identification of a shared	mcn 0	
levels of transforming growth factor betal. Cancer Epidemiol Biomarkers Prev 1998 Jun 7:6 497-504 Bao, L., Loda, M., Janmey, P. A., Stewart, R., Anand- Apte, B., and Zetter, B. R. Thymosin beta 15: a novel regulator of tumor cell motility upregulated in meta- static prostate cancer. Nature Medicine. 2 (12), 1322- 1328. 1996 Moradi MM, Carson LF, Weinberg B, Haney AF, Twiggs LB, Ramakrishnan S. Serum and ascitic fluid levels of interleukin-1, interleukin-6, and tumor necrosis factor-alpha in patients with ovarian epithelial can- cer. Cancer 1993 Oct 15 72:8 2433-40 TPA Maulard C, Toubert ME, Chretien Y, Delanian S, Dufour B, Housset M. Serum tissue polypeptide antigen (S-TPA) in bladder cancer as a tumor marker. A prospective study. Cancer 1994 Jan 15 73:2 394-8 TPI Nishida Y, Sumi H, Mihara H. A thiol protease inhibitor released from cultured human malignant melanoma cells. Cancer Res 1984 Aug 44:8 3324-9 Parkhurst MR, Fitzgerald EB, Southwood S, Sette A, Rosenberg SA, Kawakami Y. Identification of a shared	TGF-p	
Epidemiol Biomarkers Prev 1998 Jun 7:6 497-504 Bao, L., Loda, M., Janmey, P. A., Stewart, R., Anand- Apte, B., and Zetter, B. R. Thymosin beta 15: a novel regulator of tumor cell motility upregulated in meta- static prostate cancer. Nature Medicine. 2 (12), 1322- 1328. 1996 Moradi MM, Carson LF, Weinberg B, Haney AF, Twiggs LB, Ramakrishnan S. Serum and ascitic fluid levels of interleukin-1, interleukin-6, and tumor necrosis factor-alpha in patients with ovarian epithelial can- cer. Cancer 1993 Oct 15 72:8 2433-40 TPA Maulard C, Toubert ME, Chretien Y, Delanian S, Dufour B, Housset M. Serum tissue polypeptide antigen (S-TPA) in bladder cancer as a tumor marker. A prospective study. Cancer 1994 Jan 15 73:2 394-8 TPI Nishida Y, Sumi H, Mihara H. A thiol protease inhibitor released from cultured human malignant melanoma cells. Cancer Res 1984 Aug 44:8 3324-9 Parkhurst MR, Fitzgerald EB, Southwood S, Sette A, Rosenberg SA, Kawakami Y. Identification of a shared		· · · · · · · · · · · · · · · · · · ·
Thymosin β 15 Bao, L., Loda, M., Janmey, P. A., Stewart, R., Anand-Apte, B., and Zetter, B. R. Thymosin beta 15: a novel regulator of tumor cell motility upregulated in metastatic prostate cancer. Nature Medicine. 2 (12), 1322-1328. 1996 TNF-α Moradi MM, Carson LF, Weinberg B, Haney AF, Twiggs LB, Ramakrishnan S. Serum and ascitic fluid levels of interleukin-1, interleukin-6, and tumor necrosis factor-alpha in patients with ovarian epithelial cancer. Cancer 1993 Oct 15 72:8 2433-40 TPA Maulard C, Toubert ME, Chretien Y, Delanian S, Dufour B, Housset M. Serum tissue polypeptide antigen (S-TPA) in bladder cancer as a tumor marker. A prospective study. Cancer 1994 Jan 15 73:2 394-8 Nishida Y, Sumi H, Mihara H. A thiol protease inhibitor released from cultured human malignant melanoma cells. Cancer Res 1984 Aug 44:8 3324-9 TRP-2 Parkhurst MR, Fitzgerald EB, Southwood S, Sette A, Rosenberg SA, Kawakami Y. Identification of a shared		
Apte, B., and Zetter, B. R. Thymosin beta 15: a novel regulator of tumor cell motility upregulated in metastatic prostate cancer. Nature Medicine. 2 (12), 1322-1328. 1996 TNF-α Moradi MM, Carson LF, Weinberg B, Haney AF, Twiggs LB, Ramakrishnan S. Serum and ascitic fluid levels of interleukin-1, interleukin-6, and tumor necrosis factor-alpha in patients with ovarian epithelial cancer. Cancer 1993 Oct 15 72:8 2433-40 TPA Maulard C, Toubert ME, Chretien Y, Delanian S, Dufour B, Housset M. Serum tissue polypeptide antigen (S-TPA) in bladder cancer as a tumor marker. A prospective study. Cancer 1994 Jan 15 73:2 394-8 TPI Nishida Y, Sumi H, Mihara H. A thiol protease inhibitor released from cultured human malignant melanoma cells. Cancer Res 1984 Aug 44:8 3324-9 TRP-2 Parkhurst MR, Fitzgerald EB, Southwood S, Sette A, Rosenberg SA, Kawakami Y. Identification of a shared	Thymosin ß 15	- -
static prostate cancer. Nature Medicine. 2 (12), 1322- 1328. 1996 Moradi MM, Carson LF, Weinberg B, Haney AF, Twiggs LB, Ramakrishnan S. Serum and ascitic fluid levels of interleukin-1, interleukin-6, and tumor necrosis factor-alpha in patients with ovarian epithelial cancer. Cancer 1993 Oct 15 72:8 2433-40 TPA Maulard C, Toubert ME, Chretien Y, Delanian S, Dufour B, Housset M. Serum tissue polypeptide antigen (S-TPA) in bladder cancer as a tumor marker. A prospective study. Cancer 1994 Jan 15 73:2 394-8 TPI Nishida Y, Sumi H, Mihara H. A thiol protease inhibitor released from cultured human malignant melanoma cells. Cancer Res 1984 Aug 44:8 3324-9 Parkhurst MR, Fitzgerald EB, Southwood S, Sette A, Rosenberg SA, Kawakami Y. Identification of a shared	e de la companya de	Apte, B., and Zetter, B. R. Thymosin beta 15: a novel
TNF-α Moradi MM, Carson LF, Weinberg B, Haney AF, Twiggs LB, Ramakrishnan S. Serum and ascitic fluid levels of interleukin-1, interleukin-6, and tumor necrosis factor-alpha in patients with ovarian epithelial can- cer. Cancer 1993 Oct 15 72:8 2433-40 TPA Maulard C, Toubert ME, Chretien Y, Delanian S, Dufour B, Housset M. Serum tissue polypeptide antigen (S-TPA) in bladder cancer as a tumor marker. A prospective study. Cancer 1994 Jan 15 73:2 394-8 TPI Nishida Y, Sumi H, Mihara H. A thiol protease inhibitor released from cultured human malignant melanoma cells. Cancer Res 1984 Aug 44:8 3324-9 Parkhurst MR, Fitzgerald EB, Southwood S, Sette A, Rosenberg SA, Kawakami Y. Identification of a shared		regulator of tumor cell motility upregulated in meta-
TNF-α Moradi MM, Carson LF, Weinberg B, Haney AF, Twiggs LB, Ramakrishnan S. Serum and ascitic fluid levels of interleukin-1, interleukin-6, and tumor necrosis factor-alpha in patients with ovarian epithelial cancer. Cancer 1993 Oct 15 72:8 2433-40 TPA Maulard C, Toubert ME, Chretien Y, Delanian S, Dufour B, Housset M. Serum tissue polypeptide antigen (S-TPA) in bladder cancer as a tumor marker. A prospective study. Cancer 1994 Jan 15 73:2 394-8 Nishida Y, Sumi H, Mihara H. A thiol protease inhibitor released from cultured human malignant melanoma cells. Cancer Res 1984 Aug 44:8 3324-9 TRP-2 Parkhurst MR, Fitzgerald EB, Southwood S, Sette A, Rosenberg SA, Kawakami Y. Identification of a shared		static prostate cancer. Nature Medicine. 2 (12), 1322-
Ramakrishnan S. Serum and ascitic fluid levels of interleukin-1, interleukin-6, and tumor necrosis factor-alpha in patients with ovarian epithelial cancer. Cancer 1993 Oct 15 72:8 2433-40 TPA Maulard C, Toubert ME, Chretien Y, Delanian S, Dufour B, Housset M. Serum tissue polypeptide antigen (S-TPA) in bladder cancer as a tumor marker. A prospective study. Cancer 1994 Jan 15 73:2 394-8 TPI Nishida Y, Sumi H, Mihara H. A thiol protease inhibitor released from cultured human malignant melanoma cells. Cancer Res 1984 Aug 44:8 3324-9 TRP-2 Parkhurst MR, Fitzgerald EB, Southwood S, Sette A, Rosenberg SA, Kawakami Y. Identification of a shared		
interleukin-1, interleukin-6, and tumor necrosis factor-alpha in patients with ovarian epithelial cancer. Cancer 1993 Oct 15 72:8 2433-40 Maulard C, Toubert ME, Chretien Y, Delanian S, Dufour B, Housset M. Serum tissue polypeptide antigen (S-TPA) in bladder cancer as a tumor marker. A prospective study. Cancer 1994 Jan 15 73:2 394-8 TPI Nishida Y, Sumi H, Mihara H. A thiol protease inhibitor released from cultured human malignant melanoma cells. Cancer Res 1984 Aug 44:8 3324-9 Parkhurst MR, Fitzgerald EB, Southwood S, Sette A, Rosenberg SA, Kawakami Y. Identification of a shared	TNF-α	
factor-alpha in patients with ovarian epithelial cancer. Cancer 1993 Oct 15 72:8 2433-40 TPA Maulard C, Toubert ME, Chretien Y, Delanian S, Dufour B, Housset M. Serum tissue polypeptide antigen (S-TPA) in bladder cancer as a tumor marker. A prospective study. Cancer 1994 Jan 15 73:2 394-8 TPI Nishida Y, Sumi H, Mihara H. A thiol protease inhibitor released from cultured human malignant melanoma cells. Cancer Res 1984 Aug 44:8 3324-9 Parkhurst MR, Fitzgerald EB, Southwood S, Sette A, Rosenberg SA, Kawakami Y. Identification of a shared		
TPA cer. Cancer 1993 Oct 15 72:8 2433-40 Maulard C, Toubert ME, Chretien Y, Delanian S, Dufour B, Housset M. Serum tissue polypeptide antigen (S-TPA) in bladder cancer as a tumor marker. A prospective study. Cancer 1994 Jan 15 73:2 394-8 Nishida Y, Sumi H, Mihara H. A thiol protease inhibitor released from cultured human malignant melanoma cells. Cancer Res 1984 Aug 44:8 3324-9 Parkhurst MR, Fitzgerald EB, Southwood S, Sette A, Rosenberg SA, Kawakami Y. Identification of a shared		•
Maulard C, Toubert ME, Chretien Y, Delanian S, Dufour B, Housset M. Serum tissue polypeptide antigen (S-TPA) in bladder cancer as a tumor marker. A prospective study. Cancer 1994 Jan 15 73:2 394-8 TPI Nishida Y, Sumi H, Mihara H. A thiol protease inhibitor released from cultured human malignant melanoma cells. Cancer Res 1984 Aug 44:8 3324-9 TRP-2 Parkhurst MR, Fitzgerald EB, Southwood S, Sette A, Rosenberg SA, Kawakami Y. Identification of a shared		-
in bladder cancer as a tumor marker. A prospective study. Cancer 1994 Jan 15 73:2 394-8 TPI Nishida Y, Sumi H, Mihara H. A thiol protease inhibitor released from cultured human malignant melanoma cells. Cancer Res 1984 Aug 44:8 3324-9 TRP-2 Parkhurst MR, Fitzgerald EB, Southwood S, Sette A, Rosenberg SA, Kawakami Y. Identification of a shared	TPA	Maulard C, Toubert ME, Chretien Y, Delanian S, Dufour
study. Cancer 1994 Jan 15 73:2 394-8 Nishida Y, Sumi H, Mihara H. A thiol protease inhibitor released from cultured human malignant melanoma cells. Cancer Res 1984 Aug 44:8 3324-9 TRP-2 Parkhurst MR, Fitzgerald EB, Southwood S, Sette A, Rosenberg SA, Kawakami Y. Identification of a shared		
Nishida Y, Sumi H, Mihara H. A thiol protease inhibitor released from cultured human malignant melanoma cells. Cancer Res 1984 Aug 44:8 3324-9 TRP-2 Parkhurst MR, Fitzgerald EB, Southwood S, Sette A, Rosenberg SA, Kawakami Y. Identification of a shared		in bladder cancer as a tumor marker. A prospective
Cancer Res 1984 Aug 44:8 3324-9 TRP-2 Parkhurst MR, Fitzgerald EB, Southwood S, Sette A, Rosenberg SA, Kawakami Y. Identification of a shared	TPI	•
TRP-2 Parkhurst MR, Fitzgerald EB, Southwood S, Sette A, Rosenberg SA, Kawakami Y. Identification of a shared		released from cultured human malignant melanoma cells.
•	TRP-2	· ·
HLA-A*0201-restricted T-cell epitope from the melanoma		Rosenberg SA, Kawakami Y. Identification of a shared
		HLA-A*0201-restricted T-cell epitope from the melanoma

Antigen	Reference
	antigen tyrosinase-related protein 2 (TRP2). Cancer Res
	1998 Nov 1 58:21 4895-901
Tyrosinase	Kirkin AF, Dzhandzhugazyan K, Zeuthen J. Melanoma-
	associated antigens recognized by cytotoxic T lympho-
VEGF	cytes. APMIS 1998 Jul 106:7 665-79 Hyodo I, Doi T, Endo H, Hosokawa Y, Nishikawa Y, Tani-
	mizu M, Jinno K, Kotani Y. Clinical significance of
	plasma vascular endothelial growth factor in gastroin-
ZAG	testinal cancer. Eur J Cancer 1998 Dec 34:13 2041-5 Sanchez LM, Chirino AJ, Bjorkman Pj. 1999, Crystal
n.	structure of human ZAG, a fat-depleting factor related
	to MHC molecules.Science 19;283(5409):1914-9
p16INK4	Quelle DE, Ashmun RA, Hannon GJ, Rehberger PA, Trono D,
T at the state of	Richter KH, Walker C, Beach D, Sherr CJ, Serrano M.
A second	Cloning and characterization of murine p16INK4a and
Glutathione S-	p15INK4b genes. Oncogene 1995 Aug 17;11(4):635-45 Hengstler JG, Arand M, Herrero ME, Oesch F. Polymor-
transferase	phisms of N-acetyltransferases, glutathione S-trans-
	ferases, microsomal epoxide hydrolase and sulfotrans-
	ferases: influence on cancer susceptibility. Recent
	Results Cancer Res 1998 154: 47-85

In the following, a number of specific tumour-associated antigens will be discussed in detail.

Prostate-specific membrane antigen, PSM

In U.S.A., prostate cancer is the second leading cause of
5 cancer death (app. 40,000 per year), and 200,000 patients per
year are diagnosed (Boring 1993). Approximately 1 out of 11
men eventually will develop prostatic cancer. Furthermore,
approximately 40-60% of prostate cancer patients eventually
develop extraprostatic extension of the disease (Babaian
10 1994). The main strategy in the present invention is to use a
therapeutic vaccine as a supplementary therapy to prostatectomy in order to eliminate residual tumour tissue and metastases.

Several pathologic conditions are located to the prostate gland, including benign growth (BPH), infection (prostatitis) and neoplasia (prostatic cancer).

The biological aggressiveness of prostatic cancer is variable.

5 In some patients the detected tumour remains a latent histologic tumour and never becomes clinically significant. In other patients, the tumour progresses rapidly, metastasises and kills the patient in a relatively short time period (2-5 years).

10 The current primary treatment of prostate cancer is prostatectomy. However, due to the extensive spreading of prostate cancer cells the majority of prostatic cancer patients are not cured by local surgery. Patients with non-confined disease eventually receive systemic androgen ablation therapy, but the 15 annual death rate from prostatic cancer has not declined at all over the 50 years since androgen ablation became standard therapy for metastatic disease.

PSM is a membrane protein which is highly specific for prostatic tissues, benign as well as malignant, although expres20 sion of PSM has also been observed in other tissues such as renal tissue and renal tumor, small intestine, brain and tumor neovasculature. Therefore, if surgery was successful, prostatectomised cancer patients should theoretically express PSM on residual malignant prostate tumour tissue or metastases originating from the tumour. By inducing a strong CTL response and/or a strong polyclonal antibody response towards PSM, it is expected that residual tumour tissue can be eliminated.

Interestingly, upregulation of PSM expression is seen following androgen-deprivation therapy of prostate cancer patients 30 (Wright 1996). This would make a PSM-targeted treatment very well-suited to follow the traditional androgen-deprivation therapy.

PSM was first identified in 1987 as a result of generating a monoclonal antibody, 7E11-C5.3, raised against an isolated 5 human prostatic cancer cell, LNCaP (Horoszewicz 1987). The antibody recognised both normal and malignant prostatic epithelium, and was used in 1993 to purify and determine the amino acid sequence of the PSM protein and eventually clone the gene (Israeli 1993).

- 10 PSM is a type II transmembrane glycoprotein with a molecular weight of 84 kD as predicted from the nucleic acid sequence whereas the glycosylated version has an observed molecular weight of 100-120 kD. Sequencing of the gene encoding PSM revealed a putative membrane spanning region in connection
- 15 with three cytosolic arginine anchor residues. The extracellular part of PSM constitute 707 of the total 750 amino acids of the protein, whereas the cytoplasmic domain is predicted to be 19 amino acids long (Israeli 1993). PSM-specific mRNA has been detected in prostate tumour tissue (Israeli 1994), indicating
- 20 that the tumour antigen is not an aberrantly glycosylated protein which is the case with e.g. the Tn- or sTn-tumour antigens.

The full length PSM cDNA has been transfected into and expressed in a PSM negative human prostate cancer cell line, PC-25 3 (Kahn 1994). Furthermore, the full length (2.65 kilobases) cDNA has been transcribed and translated *in vitro* (Kahn 1994).

It has recently been demonstrated that PSM possesses hydrolytic activity resembling that of the N-acetylated α -linked acidic dipeptidase (NAALADase) - in fact it has been demonstrated that the two proteins are identical. NAALADase is a membrane-bound hydrolase of the nervous system, which

catabolises the neuropeptide N-acetylaspartyl glutamate (NAAG) in order to affect the glutamatergic signalling processes. It is still not known whether this activity of PSM has any relevant biological function.

- 5 It is of some importance to predict whether undesired cross-reactivity with other proteins accessible for CTLs or antibodies would be expected following treatment with an autovaccine inducing PSM-specific immune responses. It has been shown that a part of the coding region of the PSM gene (amino acids
- 10 positions 418-567) has 54% homology to the human transferrin receptor (Israeli 1993). Also, complete sequence identity with the NAALADase enzyme has been found, cf. above. No identification of a functionally relevant similarity with other known peptidases could be made.
- 15 The homology to the transferrin receptor is very low and will preferably be disrupted in some of the inventive constructs. The observed sequence identity with human NAALADase is not expected to be an obstacle for a PSM-vaccine, partly because of the low ability of antibodies and CTLs to penetrate the 20 blood-brain barrier. Altogether, even with the most PSM-like construct, it is not expected to experience prohibitive cross-

reactivity with other proteins in the patients."

proven PSM negative.

From earlier studies it is clear that PSM is expressed on most prostate cancer cells and prostate originating metastases
25 tested. Further, most other cancers tested, such as carcinomas, sarcomas and melanomas of different tissues as well as a large panel of non-prostatic human cancer cell lines have

In addition to this, a very large number of other tissues have 30 been found to be PSM negative. These include colon, breast, lung, ovary, liver, urinary bladder, uterus, bronchus, spleen, pancreas, tongue, esophagus, stomach, thyroid, parathyroid, adrenal, lymph node, aorta, vena cava, skin, mammary gland and placenta. However, RT-PCR has revealed the existence of PSM mRNA in some of these tissues.

- 5 Although PSM is predominantly found as a membrane bound molecule on prostate tissue small amounts of PSM can also be detected in the sera of normal individuals and in elevated levels in prostate cancer patients (Rochon 1994, Murphy 1995). The level of circulating PSM in these patients therefore allows a serological monitoring of the effectiveness of a PSM vaccine.
- In conclusion, based on the entire amount of data available to date, PSM is an antigen with a high specificity for human prostate tissue and tumours originating therefrom. This means that in patients who have undergone prostatectomy, PSM is a tumour quasi-specific self-antigen. An effective PSM vaccine is therefore likely to target mainly prostatic or prostate-originating metastatic tissue.
- As will be clear from Example 1 the method of the invention 20 preferably entails that foreign T_H-cell epitope is introduced in a part of the PSM amino acid sequence defined by SEQ ID NO: 2 positions 16-52 and/or 87-108 and/or 210-230 and/or 269-289 and/or 298-324 and/or 442-465 and/or 488-514 and/or 598-630 and/or 643-662 and/or 672-699. Furthermore, a modified PSM 25 molecule which has a foreign T_H-epitope introduced in these positions is also a part of the invention.

Accordingly, the invention also pertains to an analogue of human PSM which is immunogenic in humans, said analogue comprising a substantial part of all known and predicted CTL and B-cell epitopes of PSM and including at least one foreign $T_{\rm H}$ epitope as discussed herein. Preferred PSM analogues are those

wherein the at least one foreign T_H epitope is present as an insertion in the PSM amino acid sequence or as a substitution of part of the PSM amino acid sequence or as the result of deletion of part of the PSM amino acid sequence, and most preferred analogues are those wherein a foreign T_H-cell epitope is introduced in a part of the PSM amino acid sequence defined by SEQ ID NO: 2 positions 16-52 and/or 87-108 and/or 210-230 and/or 269-289 and/or 298-324 and/or 442-465 and/or 488-514 and/or 598-630 and/or 643-662 and/or 672-699.

10 Human Chorionic Gonadotropin (HCG)

The relationship between embryonic markers and malignant phenotypes has been under discussion for many decades. An increasing body of data suggests that at least one such marker, human chorionic gonadotropin beta (hCG\(\beta\)), is consistently detected on cancer cells of many different histological origins, and that expression of this protein often correlates with increased metastatic properties. A humoral immune response directed against this soluble protein may reduce the chances of tumour spreading and/or may inhibit the recurrence of new primary growths post-surgery.

Human chorionic gonadotropin belongs to a family of glycoprotein hormones, including follicle-stimulating hormone (FSH), thyroid-stimulating hormone (TSH), and luteinizing hormone (LH), all of which are important regulators of reproductive expression and fetal survival. The members of this family of hormones are heterodimers, which share a common α -chain. The β -chain is unique to each hormone and provides the specificity, with the β -chain of LH exhibiting the strongest sequence homology to hCG β (approximately 80%). The apparent molecular weight of hCG-holo, is 37 kD, of which one third is contributed by carbohydrate. The post-translational sugar modifications include both N-linked and O-linked carbohydrate. Abun-

WO 00/20027 PCT/DK99/00525

71

dant sialic acid residues are present and these give the protein a large negative charge. The crystal structure of hCG-holo has been solved (Lapthorn *et al.*, 1994).

Based on the crystal structure it was found that hCG exhibits 5 homology to a family of growth factors, including PDGF and TGFß (Lapthorn et al., 1994). This suggests that hCG expression may help regulating cancer cell growth.

Human chorionic gonadotropin is a glycoprotein hormone, which is produced by the placental syncytiotrophoblasts soon after conception, and it is essential for successful gestation in the pregnant woman.

The pathophysiological role of embryonic markers for the development or maintenance of a cancer mass is not known. However, it is of interest to note that trophoblasts (where 15 these proteins are normally produced) have both angiogenic and invasive characteristics, both of which are also necessary properties for a cancer cell. Further, it has been suggested that hCG (or its subunits) can inhibit maternal cellular immune responses to fetal tissue. For example, studies have 20 shown that hCG directly suppresses T cell responses (Jacoby et al., 1984) and it has been proposed that because the lymph nodes draining (in this case) a primary melanoma tumour, are immunosuppressed, a more favourable environment for metastatic tumours to establish themselves may result. As a consequence, 25 expression of hCGB may help cancer cells spread into the secondary lymphoid organs. Finally, as mentioned above, structural homology between hCG and a number of growth factors have been demonstrated. Another possibility is therefore that secretion of hCG by cancer cells may give the tumour a growth

30 advantage.

Expression of hCG\$ has been shown in many different types of cancer, for example: a) Prostate adenocarcinoma: positivity for hCGB on tissue sections were seen for patients with poor prognosis, irrespective of the histological grade of the 5 tumour (Sheaff et al., 1996), b) different kinds of lung carcinomas; squamous cell (SQCC), adenocarcinoma (AC), and large cell (LCC), all showed a high percentage of reactivity for hCGB (Boucher et al. 1995), c) pancreatic adenocarcinoma (Syrigos et al., 1998), d) neuroblastomas, brain cancers, 10 retinoblastomas (Acevedo et al., 1997), e) malignant melanoma (Doi et al., 1996), f) bladder carcinomas-(Lazar et al., 1995). A recent paper describes a DNA approach, in which mice were immunized with a hCGB expression construct (Geissler et al., 1997). In this in vivo model inhibition of tumour growth 15 was strongly associated with CTL-activity, however high titers of antibodies (which neutralized the biological effect of intact hCG on its cellular receptor) were also detected.

The use of hCG as an immunogen has been described in several papers, focussing on its use as a contraceptive vaccine (Tal-20 war et al., 1976 and Talwar et al., 1994). A very high degree of efficacy and safety has been observed in an anti-fertility clinical trial, using a vaccine against hCG-holo (Talwar et al., 1994). Phase I clinical trials of cancer patients with a vaccine against a synthetic carboxy-terminal peptide of hCGβ conjugated to diphteria toxoid have also been conducted (Tri-ozzi et al., 1994) and phase II trials are underway. Despite the fact that the idea to use hCGβ as a cancer vaccine target has been around for some time, it has not been explored in conjunction with the AutoVac technology.

30 It is known that cells from non-embryonic tissue, or benign neoplasms, do not express hCGβ. Therefore, there should be no potential side effects from vaccination against this molecule (apart from the effects on pregnancy). Because it is expressed

by so many different kinds of cancers this molecule has been proposed to be the "definitive cancer biomarker" (Acevedo et al., 1995 and Regelson W., 1995) and as such would be an attractive target to go after.

5 Suitable animal models for Further studies of the efficacy of a hCG based vaccine can be found in Acevedo et al., Cancer Det. and Prev. Suppl. (1987) 1: 477-486, and in Kellen et al., Cancer Immunol. Immun.Ther. (1982) 13: 2-4.

Her2

10 The tyrosine kinase receptors Her2 and EGFr are believed to play a crucial role in the malignant transformation of normal cells and in the continued growth of cancer cells. Overexpression is usually linked to a very poor prognosis. During the past few years there has been many reports concerning the use of antibodies against these receptors as therapy for cancers that overexpress either or both of these receptors. Genentech Inc. has finished several successful clinical trials on breast cancer patients using a monoclonal antibody against Her2 and has recently obtained an FDA approval for the marketing of the 20 anti-Her2 monoclonal antibody preparation, Herceptin®.

The autovacination technology disclosed herein as applied on the Her2 molecule would elicit polyclonal antibodies that would predominantly react with Her2. Such antibodies are expected to attack and eliminate tumour cells as well as prevent metastatic cells from developing into metastases. The effector mechanism of this anti-tumour effect would be mediated via complement and antibody dependent cellular cytotoxicity.

Dependent on the choice of constructs, the induced autoantibo-30 dies could also inhibit cancer cell growth through inhibition of growth factor dependent oligo-dimerisation and internalisation of the receptors. And, most importantly, the Her2 analogues are expected to be able to induce CTL responses directed against known and/or predicted Her2 epitopes displayed 5 by the tumour cells

Her2 is a member of the epidermal growth factor receptor family (c-erbB) which consists of four different receptors to date: c-erbB-1 (EGFr), c-erbB-2 (Her2, c-Neu), c-erbB-3 and c-erbB-4 (Salomon et al, 1995). C-erbB-3 and c-erbB-4 are less well characterised than EGFr and Her2. Her2 is an integral glycoprotein. The mature protein has a molecular weight of 185 kD with structural features that closely resembles the EGFr receptor (Prigent et al, 1992). EGFr is also an integral membrane receptor consisting of one subunit. It has an apparent molecular weight of 170 kD and consists of a surface ligand-binding domain of 621 amino acids, a single hydrophobic transmembrane domain of 23 amino acids, and a highly conserved cytoplasmic tyrosine kinase domain of 542 amino acids. The protein is N-glycosylated (Prigent et al, 1994).

20 All proteins in this family are tyrosine kinases. Interaction with the ligand leads to receptor dimerisation, which increases the catalytic action of the tyrosine kinase (Bernard. 1995, Chantry 1995). The proteins within the family are able to homo- and heterodimerise which is important for their activity. The EGFr conveys growth promoting effects and stimulates uptake of glucose and amino acids by cells (Prigent et al 1992). Her2 also conveys growth promoting signals. Only EGFr binds EGF and TGF-alpha. These ligands do not bind to the other receptors in the family (Prigent et al., 1992). The ligands for Her2 are not fully determined. However, heregulin has been shown to induce phosphorylation by activating Her2.

This does not appear to be due to a direct binding to the receptor but it is believed that heregulin is a ligand for

erbB-3 and erbB-4 which then activates Her2 by oligo-dimerisation ($Solomon\ et\ al\ 1995$).

The homology between the proteins of EGF receptor family is most pronounced in the tyrosine kinase domain at the cytoplas5 mic part of the molecules (82% between EGFr and Her2). The homology is less in the extracellular part - from 41% to 46% in different domains (*Prigent et al*, 1992).

The epidermal growth factor receptor is expressed on normal tissues in low amounts, but it is overexpressed in many types of cancers. EGFr is overexpressed in breast cancers (Earp et al, 1993, Eppenberger 1994), gliomas (Schlegel et al, 1994), gastric cancer (Tkunaga et al, 1995), cutaneous squamous carcinoma (Fujii 1995), ovarian cancer (van Dam et al, 1994) and others. Her2 is also expressed on few normal human tissues in low amount, most characteristically on secretory epithelia. Over expression of Her2 occurs in about 30% of breast, gastric, pancreatic, bladder and ovarian cancers.

The expression of these receptors varies depending on the degree of differentiation of the tumours and the cancer type, e.g., in breast cancer, primary tumours overexpress both receptors; whereas in gastric cancer, the overexpression occurs at a later stage in metastatic tumours (Salomon et al, 1995). The number of overexpressed receptors on carcinoma cells is greater than 10⁶/cell for several head and neck cancers, vulva, breast and ovarian cancer lines isolated from patients (Dean et al, 1994).

There are several reasons why the EGFr family of receptors constitute suitable targets for tumour immunotherapy. First, they are overexpressed in many types of cancers, which should direct the immune response towards the tumour. Second, the tumours often express or overexpress the ligands for this

family of receptors and some are hypersensitive to the proliferative effects mediated by the ligands. Third, patients with tumours that overexpress growth factor receptors often have a poor prognosis. The overexpression has been closely linked with poor prognosis especially in breast cancer, lung cancer and bladder cancer (2) and is apparently associated with invasive/metastatic phenotypes, which are rather insensitive to conventional therapies (Eccles et al, 1994).

Overexpression of Her2 is in some cases a result of amplifica-10 tion of the gene and in other cases increased transcriptionand translation. The overexpression of Her2 is associated with poor prognosis in breast, ovarian cancers, gastric cancer, bladder cancer and possibly in non-small cell lung cancers (Solomon et al, 1995).

15 Phase I clinical trials have been performed with a bispecific antibody in patients with advanced breast and ovarian cancer. The antibody was bispecific against Her2 and FcγRI (Weiner et al, 1995). Efficient lysis of Her2 over expressing tumour cells was observed with a bispecific antibody against Her2 and 20 CD3 (Zhu et al, 1995).

Treatment of scid mice xenografted with human gastric cancer with an anti-Her2 monoclonal antibody prolonged the survival of the mice (Ohniski et al, 1995). The anti-tumour activities of monoclonal antibodies against Her2, in vitro and in vivo is not due to an identical mechanism; they may act as partial ligand agonists, alter Her2 receptor turnover and phosphorylation or may affect dimerization (Lupu et al, 1995).

Similarly, it has been shown that antibodies to EGFr can also interfere with growth factor interactions. (Baselga et al, 30 1994, Modjahedi et al, 1993a, Wu et al, 1995, Modjahedi et al,

1993b, Tosi et al, 1995, Dean et al, 1994, Bier et al, 1995, Modjtahedi et al, 1996, Valone 1995).

Hence, an important embodiment of the methods of the invention is one wherein the foreign T-cell epitope is introduced in a 5 part of the Her2 amino acid sequence defined by the amino acid numbering in SEQ ID NO: 3 positions 5-25 and/or 59-73 and/or 103-117 and/or 149-163 and/or 210-224 and/or 250-264 and/or 325-339 and/or 369-383 and/or 465-479 and/or 579-593 and/or 632-652 and/or 653-667 and/or 661-675 and/or 695-709 and/or

. 10 710-730, cf. the Examples.

Accordingly, the invention also relates to an analogue of human Her2 which is immunogenic in humans, said analogue comprising a substantial part of all known and predicted CTL and B-cell epitopes of Her2 and including at least one foreign 15 Tu epitope as discussed herein. It is preferred that the at least one foreign TH epitope is present as an insertion in the Her2 amino acid sequence or as a substitution of part of the Her2 amino acid sequence or as the result of deletion of part of the Her2 amino acid sequence. Most preferred analogues are 20 those defined above, i.e. those wherein the foreign T-cell epitope is introduced in a part of the Her2 amino acid sequence defined by SEQ ID NO: 3 positions positions 5-25 and/or 59-73 and/or 103-117 and/or 149-163 and/or 210-224 and/or 250-264 and/or 325-339 and/or 369-383 and/or 465-479 and/or 579-25 593 and/or 632-652 and/or 653-667 and/or 661-675 and/or 695-709 and/or 710-730.

FGF8b

It has been shown by several investigators that FGF8b can induce proliferation, transformation, differentiation and in some cases greatly increase the tumorigenicity of mammalian cells and tissues (Tanaka 1992, Kouhara 1994, Lorenzi 1995,

MacArthur 1995a, Crossley 1996a, 1996b, Ghosh 1996, Ohuchi
1997a, Rudra-Ganguly 1998). These effects are primarily mediated through the binding of FGF8b to members of the fibroblast growth factor receptors FGFR2, FGFR3, and FGFR4 (MacArthur
5 1995b, Blunt 1997, Tanaka 1998). Thus, cells expressing one of these receptors and FGF8(b) have been shown to provide an autocrine growth-signaling cascade leading to proliferation.

The biological effect of FGF8b is most likely partly mediated through the JAK/STAT3 pathway, since we and others have observed that addition of FGF8b to the growth medium of certain cells does promote phosphorylation of STAT3, a feature suspected to render cells resistant to apoptosis (Catlett-Falcone 1999).

In addition to the in vitro observations mentioned above, it 15 has recently been shown that FGF8(b) expression is significantly upregulated in both prostate and breast cancers (Marsh 1999, Dorkin 1999). We therefore believe, that an autovaccine against FGF8(b) will be a very efficient means of treating a number of FGF8-expressing tumors, or perhaps increase their sensitivity towards apoptosis inducing agents.

Prostate cancer

The biological aggressiveness of prostatic cancer is variable. In some patients the detected tumor remains a latent histologic tumor and never becomes clinically significant. In other patients, the tumor progresses rapidly, metastasizes, and kills the patient in a relatively short time (2-5 years).

For the purpose of diagnosis, and to follow the response to therapy of prostate cancer, determination of the circulating levels of two proteins has primarily been used: prostatic acid 30 phosphatase (PAP) and prostate specific antigen (PSA) (Nguyen 1990, Henttu 1989). Due to disrupture of the normal architec-

ture of the prostate gland in response to cancer development, these soluble proteins are released into the circulation where they can be detected as markers for e.g. metastatic spread.

The current primary treatment of prostate cancer is prostatectomy. However, due to the extensive spreading of prostate cancer cells the majority of prostatic cancer patients are not cured by local surgery. Patients with non-confined disease receive systemic androgen ablation therapy, but the annual death rate from prostatic cancer has not declined at all over the 50 years since androgen ablation became standard therapy for metastatic disease.

RT-PCR analysis has shown that FGF8 mRNA is produced by the human prostatic epithelial tumor cell lines LNCaP, PC-3, ALVA-31, and DU145 respectively, with FGF8b being the most prominent isoform (Tanaka 1995, Ghosh 1996). The growth of the androgen-responsive LNCaP cells are stimulated by addition of recombinant FGF8b (Tanaka 1995), while DU145 cells could be growth inhibited by transfection with vira expressing anti-sense FGF8b (Rudra-Ganguly 1998). This, together with evidence from developmental studies discussed below, indicate a role for FGF8b in maintaining the cancerous state of these cell lines.

Using FGF8a cDNA for in situ hybridization experiments, Leung and co-workers have shown that a high proportion (80% (n=106), 25 and 71% (n=31)) of prostatic cancers produce FGF8 mRNA, and that the amount of FGF8 mRNA correlate with the severeness of the tumors (P<0.0016, and P<0.05, respectively) (Leung 1996, Dorkin 1999). Using a monoclonal anti-FGF8b antibody, this isoform was shown responsible for the overexpression of FGF8b (Dorkin 1999). Additionally, men with tumors which expressed high levels of FGF8 had worse survival (P=0,034), and that FGF8 expression persisted in androgen independent prostate

cancers (Dorkin 1999). According to the data presented by Dorkin and coworkers the expression of FGF8b in prostate cancer could predict patient survival.

Immunohistochemical analysis using a monoclonal antibody

5 against FGF8, has detected the protein in 93% (n=43) of human prostate cancers (Tanaka 1998). Normal prostatic tissue or benign prostatic hyperplasia does produce low levels of FGF8 mRNA, and does not contain detectable amounts of FGF8 protein (Leung 1996, Yoshimura 1996, Ghosh 1996, Tanaka 1998, Dorkin 10 1999).

These results indicate that an autovaccine against FGF8(b) would be reactive against prostatic tumor tissue and thus, extremely valuable in the treatment of prostatic cancer.

Breast cancer

15 The current treatment of breast cancer is surgery. However, due to the extensive spreading of breast cancer cells a large part of breast cancer patients are not cured by local surgery. Patients with non-confined disease eventually receive androgen ablation therapy, chemotherapy, and or radiation therapy. The 20 annual death rate from breast cancer is, however, still relatively high.

FGF8 was originally isolated from a mouse mammary carcinoma cell-line (SC-3), from which the expression could be induced by adding androgen to the medium (Nonomura 1990). The protein 25 is also known to induce the proliferation of these as well as other mammalian cells. Recently FGF8b mRNA has been shown to be present in eight (n=8) human breast cancer cell lines (MDA-MB-231, MDA-MB-415, ZR 75-1, T-47-D, SK-BR-III, PMC-42, HBL-100 and MCF-7) (Tanaka 1995, Payson 1996, Wu 1997, Marsh 1998).

Wnt-1 transgenic mice infected with mouse mammary tumor virus (MMTV) develop mammary tumors. FGF8 transcription is activated in 50% of these tumors (MacArthur 1995c, Kapoun 1997).

Transgenic mice that are carrying the FGF8b cDNA under control of the very specific mouse mammary tumor virus (MMTV) promoter, are shown to spontaneously develop FGF8b expressing mammary tumors (Coombes, personal communication).

Very recent data shows that FGF8(b) expression is upregulated in breast cancer (Tanaka 1998, Marsh 1999). Tanaka and co10 workers used a new monoclonal FGF8 antibody in immunohistochemical studies. They showed that FGF8 was present in 67% (n=12) of breast cancers, and that androgen receptors were present in 89% of FGF8 positive breast diseases (Hyperplasia, Fibroadenoma, Intraductal papilloma, and cancers),
15 which would allow the autocrine growth promoting loop to be involved in the progression of breast cancers (Tanaka 1998). Using a semi-quantitative RT-PCR method, it was shown that elevated levels of FGF8 mRNA were found in malignant compared to non-malignant breast tissues. Significantly more malignant tissues were expressing FGF8 (p=0.019) at significantly higher levels (p=0.031) (68 breast cancers and 24 non-malignant breast tissues) (Marsh 1999).

It has not yet been fully established that FGF8 (b) functions as an autocrine growth factor. However, the fact that a large number of tumors overexpress FGF8b argues strongly that an autovaccine against FGF8b could be effective against a large percentage of breast and prostate cancers. The data reported by Marsh, Dorkin, and Tanaka indicate that an autovaccine against FGF8 (b) could be used for treatment of both breast and prostate cancers, and the rather vague data presented by Dorkin et. al, is a further support of the opinion that FGF8 is involved in the proliferation of human cancer cells.

Description of FGF8b

FGF8 belongs to the family of fibroblast growth factors (FGFs). These growth regulatory proteins are small ~200 amino acid residue proteins that all are involved in the induction of proliferation and differentiation of a wide range of cells. For a recent review of the involvement of the fibroblast growth factors in vertebrate limb development, see Johnson 1997. The FGF family members are evolutionary related and share 20-50% amino acid sequence identity.

والأنجاب والمراجع والمعارف والمالية والمالية والمستوا

10 FGF8b is a splice variant of FGF8, originally termed androgen induced growth factor (AIGF). AIGF was first identified as a protein secreted by a murine mammary carcinoma derived cell line (SC-3) upon stimulation with androgen (Nonomura 1990). The murine FGF8 gene contains 6 exons, potentially coding for eight different FGF8-isoforms (FGF8a-h), differing only in the N-terminal part of the molecules (Crossley 1995, MacArthur 1995b). Human FGF8 has the same gene structure as the murine gene. However, due to a stop codon in exon 1B, human FGF8 can possibly exist in four different isoforms namely FGF8a, FGF8b, FGF8e, and FGF8f (Gemel 1996). The gene structures and the amino acid sequences of the four human isoforms are illustrated in Fig. 5.

Mature FGF8b contains 193 amino acid residues, and has a calculated molecular weight of 22.5kDa. The highly basic

25 protein contains 21 arginine and 14 lysine residues resulting in a calculated isoelectric point of 10.84, and a calculated positive charge of 19,8 at pH 7.0. It contains two cysteine residues, and has two potential N-glycosylation sites. Due to the nature of the investigations performed involving FGF8b very little is known about the FGF8b protein moiety. It has, however, been expressed heterologously from bacteria, purified by the use of a C-terminal hexa-Histidine tag, and in vitro

refolded to a soluble and biologically active state (MacArthur 1995a, Blunt 1997).

Biological activity of FGF8b

As mentioned above, FGF8(b) was first isolated as a factor

that was released from a androgen dependent mouse mammary tumor cell line, and it has been shown that this protein can induce the proliferation of these cells. The morphological changes mimic those induced by testosterone, which is also know to induce the synthesis of FGF8(b) mRNA (Tanaka 1992).

The proliferation can be inhibited by FGF8(b) antisense oligos (Nonomura 1990, Tanaka 1992, and Yamanishi 1994). Indeed, a human prostate cancer cell line DU145 could be growth inhibited by transfection with vira expressing anti-sense FGF8b (Rudra-Ganguly 1998). Recent data shows that FGF8b induces

phosphorylation of STAT3 - a protein that is suspected to be involved in resistance to apoptosis (Catlett-Falcone 1999, Johnston, C.L., unpublished results).

FGF8b has by several investigators been shown very efficient in inducing the transformation of NIH3T3 or SC115 cells (Miya20 shita 1994, Kouhara 1994, Lorenzi 1995, MacArthur 1995a). By using recombinantly expressed proteins, it has also been shown that this induction of morphological changes is far more efficient with FGF8b than when using FGF8a or FGF8c (MacArthur 1995a, Ghosh 1996). Interestingly, the N-terminal half of the FGF8b molecule alone, was shown to be sufficient for transformation of NIH3T3 cells, and even the small FGF8b specific peptide (QVTVQSSPNFT) could enable the cells to grow 2-3 times longer than normal in 0.1% serum (Rudra-Ganguly 1998). Furthermore, NIH3T3 cells stably transfected with an expression vector encoding FGF8b has been reported to be very tumorigenic when injected intraocularly into nude mice (Kouhara 1994, Ghosh 1996).

In vivo, FGF8b is known to be expressed at certain stages of development in vertebrates. A summary of the biological roles assigned to FGF8(b) is shown in Table 1. For reviews on the involvement of FGF8 in vertebrate development see Goldfarb 1999, and Johnson 1997.

Table: Various sites/tissues known to produce FGF8, and the proposed biological role(s).

	Action/mechanism/presence (species)	References
-	Present in the developing limb buds (mouse)	Heikinheimo -
		1994, Ohuchi
10	Limb bud outgrowth (chicken)	1994 Kuwana 1997, Xu
	Induction of ectopic limb formation from	1998 Crossley 1996b
	mesoderm (chicken) Induction of midbrain formation from the	Crossley 1996a
15	caudal diencephalon (chicken) Initiation of wing outgrowth in a wingless	Ohuchi 1997a
	mutant (chicken) Role in dorsoventral patterning of the	Fürthauer 1997
	gastrula (zebrafish) Required during gastrulation, cardiac,	Meyers 1998
20	craniofacial, forebrain, midbrain and cere-	
	bellar development (tissue specific knock-	
	out mice) Role in tooth morphogenesis (mouse)	Kettunen 1998

It is believed that FGF8(b) mediates its action through bind25 ing to the fibroblast growth factor receptors (FGFR's). Specifically, FGF8b is known to be able to activate FGFR2c,
FGFR3c, FGFR4c, and to some extent also FGFR1c, but not
FGFR1b, -2b or -3b (MacArthur 1995b, Blunt 1997). In case of
the induction of outgrowth of ectopic chicken limbs, it is
30 implicated that FGF10, FGFR2, and FGF8 interact and that this
could be sufficient for outgrowth (Kuwana 1997, Xu 1998).

These results support the hypothesis that FGF8(b) can act in an auto- and paracrine manner, leading to the normal outgrowth and patterning of several anatomical structures during vertebrate development. Importantly, FGF8 "total knock out" mice do not survive most likely due to the elaborate involvement of the protein in the development of the embryo.

Homology to other proteins

It is of significant importance to predict whether undesired cross-reactivity with other proteins accessible for antibodies 10 would be expected following treatment with an autovaccine inducing FGF8b specific autoantibodies. Due to the high degree of sequence identity between FGF8b and the other FGF8 molecules, an autovaccine will be expected to cross-react with these proteins. This, however, will presumably be advantageous, since none of these proteins are reported to be expressed in tissues or by cell-lines that do not already express FGF8b.

Amino acid residues 55 through 175 of FGF8b shows a relatively low but significant degree of sequence identity to the other 20 FGFs. It is commonly accepted (and several times proven) that a significant degree of sequence identity between two protein domains is also reflected in a high degree of tertiary structure similarity. Therefore, the FGF family members are all generally expected to be structurally similar. The three 25 dimensional structure of FGF2 has been resolved from crystals as well as in solution (Ago 1991, Zhang 1991, Zhu 1991, Eriksson 1993, Blaber 1996, Moy 1996). FGF2 is composed entirely of beta-sheet structure, comprising a three-fold repeat of a four-stranded antiparallel beta-meander. This beta-barrel 30 structure is totally conserved between interleukin 1, FGF2 (or basic FGF), and FGF1 (or acidic FGF). Nuclear magnetic resonance analysis of FGF2 in solution has shown that the N-termi-

nal part of the molecule forms a relatively flexible structure. The remaining part of FGF8b (amino acid residues 1-54 and 176-215) only shows a low degree of sequence identity to known proteins.

- 5 Based on the structural and alignment data, it is generally assumed that the three dimensional structural core of the other fibroblast growth factors closely resemble those of FGF1 and FGF2. These structural considerations are important factors in our design of the FGF8b mutant autovaccine molecules.
- Importantly, due to the relatively low degree of sequence identity between FGF8 and any of the other members of the FGF family, the surface of FGF8 would be very different from that of other FGFs, thereby minimizing the cross-reactivity of
- 15 FGF8b autovaccine generated antibodies with other FGF family members. Due to the very low degree of homology to other proteins than the fibroblast growth factors, we do not expect an autovaccine against FGF8b to cross-react with any other proteins.
- 20 It should be emphasized, however, that an autovaccine against FGF8b probably would cross react with all isoforms of FGF8. This will, however, presumably not be a problem since none of the FGF8 isoforms are expected to be expressed at significant levels in the adult. It is even possible that this cross
- 25 reaction will be beneficial in the treatment of cancer, since it has been shown that at least some cancer cell lines express other isoforms in addition to FGF8b.

Tissue distribution of FGF8b

____10______

Ideally, the induced autoantibodies and the subsequent effec-30 tor mechanisms as well as the expected CTL response raised by autovaccination should only be directed towards tissues that are to be eliminated in the patient. Therefore, the tissue distribution of the antigen, which is targeted by an autovaccine, is an issue of great importance concerning the safety of the vaccine.

5 Table: Expression of FGF8b in various tissues and cells

Human

Breast cancer cell lines (MDA-MB-231, MDA-MB-415, ZR 75-1, T-47-D, SK-BR-III, PMC-42, HBL-100, and MCF-7) Breast tumors

Normal breast tissue

Prostate cancer (93%)

Breast disease

Prostatic tumor cells (LNCaP,
PC-3, DU145, and ALVA-31)
fetal kidney
adult prostate, testis, kid-

ney, neurons 20 teratocarcinoma cells (Tera-2)

Murine

Breast cancer cell lines (SC-115, RENCA)
Hypothalamus, Testis

25 Mammary tumors (Wnt-1 transgenic)
Embryonic brain

Ovary, testis

Developing face and limb buds

30 Gastrula

Chicken

Embryonic brain

((RT-PCR) Tanaka 1995, Payson 1996, Wu 1997, Marsh 1999)

((mAb) Tanaka 1998, (RT-PCR)Marsh 1999) ((RT-PCR)Wu 1997, Marsh 1999 (mAb) Tanaka 1998) ((in situ hyb.) Leung 1996, Dorkin 1999, (mAb) Tanaka 1998) ((mAb) Tanaka 1998)

((RT-PCR) Tanaka 1995, Ghosh 1996, Schmitt 1996) ((Northern blot) Ghosh 1996)

((RT-PCR) Ghosh 1996, Wu 1997, Dorkin 1999) ((RT-PCR) Wu 1997)

((RT-PCR) Yoshimura 1996)

((RT-PCR) Yoshimura 1996)

((Northern blot) MacArthur 1995c) ((in situ hyb.) Crossley 1995, Heikinheimo 1994, Ohuchi 1994, Shimamura 1997, (RT-PCR) Blunt 1997) ((Northern blot) Valve 1997)

((pAb) MacArthur 1995b (in situ hyb.) Heikinheimo 1994, Ohuchi 1994, Crossley 1995) ((in situ hyb.) Crossley 1995)

((in situ hyb.) Crossley 1996a)

WO 00/20027

88

developing limb buds

((in situ hyb.) Ohuchi

1997a,b)

Rat

Prostate and testis

(RT-PCR) Scmitt 1996

The above table shows a wide selection of tissue distribution,

and cell line data of FGF8b expression. As seen from the
table, most of the data regarding tissue distribution is
generated using the sensitive RT-PCR method. This is because
Northern blotting analysis does not detect any FGF8b mRNA in
any normal tissues except from fetal kidney. From this scarce

data, it is generally assumed that expression of FGF8b mRNA in
the adult is very limited, and thus, an autovaccine against
FGF8b would presumably not be reactive against normal tissue.

Due to the fact that small amounts of FGF8b could interact in
unknown systems in the adult, the tissue distribution of the

protein needs further analysis. There are, however, in our
opinion no indications that an autovaccine against FGF8b would
result in serious unwanted effects on the patients.

Effects of antibodies against FGF8b

So far, no attempts to treat prostate cancer using monoclonal antibodies have been published. Clinical trials with monoclonal antibodies are ongoing in breast cancer therapy studies, however.

Antibodies against FGF8b will probably block the interaction between FGF8b and its receptors, which will inhibit the cell membrane ruffling and cell proliferation, very likely decreasing the motility and invasiveness of the cancer cells.

Hence, the invention also relates to embodiments of the methods described herein where, where the foreign T-cell epitope is introduced in a part of the FGF8b amino acid se-

quence defined by SEQ ID NO: 6 positions 1-54 and/or 178-215 and/or 55-58 and/or 63-68 and/or 72-76 and/or 85-91 and/or 95-102 and/or 106-111 and/or 115-120 and/or 128-134 and/or 138-144 and/or 149-154 and/or 158-162 and/or 173-177. It should be noted that it is especially preferred not to introduce variations or modifications in positions 26-45 and in the C-terminus starting at amino acids 186-215, since these stretches show the least homology with a recently discovered protein, FGF-18, which seems to be expressed in a variety of non-tumour tissues.

Accordingly, the invention also pertains to an analogue of human/murine FGF8b which is immunogenic in humans, said analogue comprising a substantial part of all known and predicted CTL and B-cell epitopes of FGF8b and including at least one foreign T_N epitope as discussed herein. It is preferred that the at least one foreign T_N epitope is present as an insertion in the FGF8b amino acid sequence or as a substitution of part of the FGF8b amino acid sequence or as the result of deletion of part of the FGF8b amino acid sequence. Most preferred analogues in this embodiment are those where the foreign T-cell epitope is introduced in a part of the FGF8b amino acid sequence defined by SEQ ID NO: 6 positions 1-54 and/or 178-215 and/or 55-58 and/or 63-68 and/or 72-76 and/or 85-91 and/or 95-102 and/or 106-111 and/or 115-120 and/or 128-134 and/or

Mucins

The invention also pertains to methods of the invention employing specifically modified versions of the human mucins, especially any of MUC-1 through MUC-4, preferably MUC-1. The analogues comprise the following structure

-where TR is a tandem repeat derived from the naturally occurring mucin, P is a foreign T_H -epitope as discussed herein, S is an inert spacer peptide having from 0 to 15 amino acid residues, preferably between 0 and 10 amino acid residues, and n is an integer of from 1 to 30, and m is an integer from 1 to 10, preferably from 3 to 5.

When producing such a mucin analogue in e.g. a human cell line or by purification from a tissue, the direct result will normally not have a glycosylation pattern as desired, i.e. an aberrant glycosylation pattern resembling that of a tumour derived mucin. However, it is possible to produce the analogue recombinantly in e.g. E. coli or by synthetic means, and subsequently glycosylating the product enzymatically so as to achieve a Tn or S-Tn glycosylation pattern specific for MUC-1 expressed on tumours. Alternatively, the polypeptide could be prepared in a mammalian cell line or an insect cell line, eg. Drosophila cells, which lacks the relevant enzyme or by expressing the protein intracellularly (by omitting a secretion signal peptide) where glycosylation does not occur.

20 Nucleic acid fragments and vectors of the invention

It will be appreciated from the above disclosure that the analogues can be prepared by means of recombinant gene technology but also by means of chemical synthesis or semisynthesis; the latter two options are especially relevant when the modification consists in coupling to protein carriers (such as KLH, diphtheria toxoid, tetanus toxoid, and BSA) and non-proteinaceous molecules such as carbohydrate polymers and of course also when the modification comprises addition of side chains or side groups to an polypeptide-derived peptide chain.

30 For the purpose of recombinant gene technology, and of course also for the purpose of nucleic acid immunization, nucleic

acid fragments encoding the necessary epitopic regions and analogues are important chemical products. Hence, an important part of the invention pertains to a nucleic acid fragment which encodes an analogue described above of any of the relevant tumour-specific polypeptides, preferably a polypeptide wherein has been introduced a foreign T_H-cell epitope by means of insertion and/or addition, preferably by means of substitution and/or deletion. The nucleic acid fragments of the invention are either DNA or RNA fragments.

10 The nucleic acid fragments of the invention will normally beinserted in suitable vectors to form cloning or expression
vectors carrying the nucleic acid fragments of the invention;
such novel vectors are also part of the invention. Details
concerning the construction of these vectors of the invention
15 will be discussed in context of transformed cells and microorganisms below. The vectors can, depending on purpose and type
of application, be in the form of plasmids, phages, cosmids,
mini-chromosomes, or virus, but also naked DNA which is only
expressed transiently in certain cells is an important vector.
20 Preferred cloning and expression vectors of the invention are
capable of autonomous replication, thereby enabling high copynumbers for the purposes of high-level expression or highlevel replication for subsequent cloning.

The general outline of a vector of the invention comprises the following features in the 5'-3' direction and in operable linkage: a promoter for driving expression of the nucleic acid fragment of the invention, optionally a nucleic acid sequence encoding a leader peptide enabling secretion of or integration into the membrane of the polypeptide fragment, the nucleic acid fragment of the invention, and a nucleic acid sequence encoding a terminator. When operating with expression vectors in producer strains or cell-lines it is for the purposes of genetic stability of the transformed cell preferred that the

vector when introduced into a host cell is integrated in the host cell genome. In contrast, when working with vectors to be used for effecting in vivo expression in an animal (i.e. when using the vector in DNA vaccination) it is for security reasons preferred that the vector is not capable of being integrated in the host cell genome; typically, naked DNA or non-integrating viral vectors are used, the choices of which are well-known to the person skilled in the art.

The vectors of the invention are used to transform host cells

10 to produce the analogue of the invention. Such transformed
cells, which are also part of the invention, can be cultured
cells or cell lines used for propagation of the nucleic acid
fragments and vectors of the invention, or used for recombinant production of the analogues of the invention. Alterna
15 tively, the transformed cells can be suitable live vaccine
strains wherein the nucleic acid fragment (one single or
multiple copies) have been inserted so as to effect secretion
or integration into the bacterial membrane or cell-wall of the
analogue.

- 20 Preferred transformed cells of the invention are microorganisms such as bacteria (such as the species Escherichia [e.g. E.coli], Bacillus [e.g. Bacillus subtilis], Salmonella, or Mycobacterium [preferably non-pathogenic, e.g. M. bovis BCG]), yeasts (such as Saccharomyces cerevisiae), and protozoans.
- 25 Alternatively, the transformed cells are derived from a multicellular organism such as a fungus, an insect cell, a plant cell, or a mammalian cell. Most preferred are cells derived from a human being, cf. the discussion of cell lines and vectors below.
- 30 For the purposes of cloning and/or optimized expression it is preferred that the transformed cell is capable of replicating the nucleic acid fragment of the invention. Cells expressing

PCT/DK99/00525

the nucleic fragment are preferred useful embodiments of the invention; they can be used for small-scale or large-scale preparation of the analogue or, in the case of non-pathogenic bacteria, as vaccine constituents in a live vaccine.

- 5 When producing the analogue of the invention by means of transformed cells, it is convenient, although far from essential, that the expression product is either exported out into the culture medium or carried on the surface of the transformed cell.
- 10 When an effective producer cell has been identified it is preferred, on the basis thereof, to establish a stable cell line which carries the vector of the invention and which expresses the nucleic acid fragment encoding the analogue. Preferably, this stable cell line secretes or carries the analogue of the invention, thereby facilitating purification thereof.

In general, plasmid vectors containing replicon and control sequences which are derived from species compatible with the host cell are used in connection with the hosts. The vector ordinarily carries a replication site, as well as marking sequences which are capable of providing phenotypic selection in transformed cells. For example, E. coli is typically transformed using pBR322, a plasmid derived from an E. coli species (see, e.g., Bolivar et al., 1977). The pBR322 plasmid contains genes for ampicillin and tetracycline resistance and thus provides easy means for identifying transformed cells. The pBR plasmid, or other microbial plasmid or phage must also contain, or be modified to contain, promoters which can be used by the prokaryotic microorganism for expression.

30 Those promoters most commonly used in recombinant DNA construction include the B-lactamase (penicillinase) and lactose

promoter systems (Chang et al., 1978; Itakura et al., 1977; Goeddel et al., 1979) and a tryptophan (trp) promoter system (Goeddel et al., 1979; EP-A-O 036 776). While these are the most commonly used, other microbial promoters have been discovered and utilized, and details concerning their nucleotide sequences have been published, enabling a skilled worker to ligate them functionally with plasmid vectors (Siebwenlist et al., 1980). Certain genes from prokaryotes may be expressed efficiently in E. coli from their own promoter sequences, precluding the need for addition of another promoter by artificial means.

In addition to prokaryotes, eukaryotic microbes, such as yeast cultures may also be used, and here the promoter should be capable of driving expression. Saccharomyces cerevisiase, or common baker's yeast is the most commonly used among eukaryotic microorganisms, although a number of other strains are commonly available such as Pichia pastoris. For expression in

(Stinchcomb et al., 1979; Kingsman et al., 1979; Tschemper et al., 1980). This plasmid already contains the trpl gene which provides a selection marker for a mutant strain of yeast lacking the ability to grow in tryptophan for example ATCC No. 44076 or PEP4-1 (Jones, 1977). The presence of the trpl lesion as a characteristic of the yeast host cell genome then pro-

Saccharomyces, the plasmid YRp7, for example, is commonly used

25 vides an effective environment for detecting transformation by growth in the absence of tryptophan.

Suitable promoting sequences in yeast vectors include the promoters for 3-phosphoglycerate kinase (Hitzman et al., 1980) or other glycolytic enzymes (Hess et al., 1968; Holland et al., 1978), such as enolase, glyceraldehyde-3-phosphate dehydrogenase, hexokinase, pyruvate decarboxylase, phosphofructokinase, glucose-6-phosphate isomerase, 3-phosphoglycerate mutase, pyruvate kinase, triosephosphate

isomerase, phosphoglucose isomerase, and glucokinase. In constructing suitable expression plasmids, the termination sequences associated with these genes are also ligated into the expression vector 3' of the sequence desired to be expressed to provide polyadenylation of the mRNA and termination.

Other promoters, which have the additional advantage of transcription controlled by growth conditions are the promoter region for alcohol dehydrogenase 2, isocytochrome C, acid phosphatase, degradative enzymes associated with nitrogen metabolism, and the aforementioned glyceraldehyde-3-phosphate dehydrogenase, and enzymes responsible for maltose and galactose utilization. Any plasmid vector containing a yeast-compatible promoter, origin of replication and termination sequences is suitable.

In addition to microorganisms, cultures of cells derived from multicellular organisms may also be used as hosts. In principle, any such cell culture is workable, whether from vertebrate or invertebrate culture. However, interest has been greatest in vertebrate cells, and propagation of vertebrate in culture (tissue culture) has become a routine procedure in recent years (Tissue Culture, 1973). Examples of such useful host cell lines are VERO and HeLa cells, Chinese hamster ovary (CHO) cell lines, and W138, BHK, COS-7 293 and MDCK cell lines.

Expression vectors for such cells ordinarily include (if necessary) an origin of replication, a promoter located in front of the gene to be expressed, along with any necessary ribosome binding sites, RNA splice sites, polyadenylation site, and transcriptional terminator sequences.

For use in mammalian cells, the control functions on the expression vectors are often provided by viral material. For example, commonly used promoters are derived from polyoma, Adenovirus 2, and most frequently Simian Virus 40 (SV40). The 5 early and late promoters of SV40 virus are particularly useful because both are obtained easily from the virus as a fragment which also contains the SV40 viral origin of replication (Fiers et al., 1978). Smaller or larger SV40 fragments may also be used, provided there is included the approximately 250 10 bp sequence extending from the HindIII site toward the BglI site located in the viral origin of replication. Further, it is also possible, and often desirable, to utilize promoter or control sequences normally associated with the desired gene sequence, provided such control sequences are compatible with 15 the host cell systems.

An origin of replication may be provided either by construction of the vector to include an exogenous origin, such as may be derived from SV40 or other viral (e.g., Polyoma, Adeno, VSV, BPV) or may be provided by the host cell chromosomal replication mechanism. If the vector is integrated into the host cell chromosome, the latter is often sufficient.

Compositions of the invention

The invention also relates to an immunogenic composition which comprises, as an effective immunogenic agent at least one of the analogues described herein in admixture with a pharmaceutically and immunologically acceptable carrier, vehicle, diluent, or excipient, and optionally an adjuvant, cf also the discussion of these entities in the description of the method of the invention above.

30 Furthermore, the invention also relates to a composition composition for inducing production of antibodies against any

one of the above discussed tumour antigens, the composition comprising

- a nucleic acid fragment or a vector of the invention, and
- a pharmaceutically and immunologically acceptable diluent and/or vehicle and/or carrier and/or excipient and/or adjuvant.

Formulation and other specifics concerning such compositions are discussed in the relevant section regarding nucleic acid immunisation above.

10 EXAMPLE 1

Vaccination against PSM

In the following it will be described how a human autovaccine against PSM can be developed through modification of the molecule by insertion of one or more promiscuous foreign T to cell epitopes to reveal a panel of immunogenised PSM molecules.

The constructs will be tested for their ability to induce specific CTL responses against PSM bearing tumour cells.

Furthermore, the constructs will be tested for their ability to induce antibodies which are cross-reactive with the native parts of the PSM molecule. Subsequently, in several in vitro assays and in vivo animal models the efficacy of the different constructs will be evaluated. The induced antibodies will be tested for their ability to activate complement via the classical pathway and to initiate ADCC via Fc-receptors. Finally, the different molecules will be tested in animal models of human prostate cancer.

Strategy in designing a PSM autovaccine

Briefly, the PSM vaccination plan entails the following experimental tasks

Design and production of a panel of human PSM mutants

- 5 Cloning of the PSM sequences from human and rat/mouse.
 - Mutational work to generate immunogenized hPSM molecules.
 - Expression of wild type and immunogenized hPSM molecules in $E.\ coli$ and/or $Pichia\ pastoris$ and/or mammalian cells and/or insect cells (such as the S_2 cell line).
- 10 Purification, refolding and characterization of the immunogenized hPSM molecules.

DNA vaccination against PSM

- Generation of hPSM DNA vaccination vectors encoding immunogenized hPSM molecules.
- 15 Testing of hPSM vaccination vectors in *in vitro* and *in vivo* experiments.

Selection of hPSM candidates

- Immunizations of mice/rabbits.
- ELISA.
- 20 FACS analysis.
 - In case of antibody response: Tumor cell proliferative assay.
 - T cell assays.

Testing of the hPSM mutants in vivo

25 - Solid tumor/metastasis model in mice.

Conceptual study: CTL induction by autovaccination

 Construction of immunogenized mouse/rat PSM corresponding to the selected hPSM candidates (e.g. in the form of DNA vaccines). 5

- Testing the immune response raised by mouse/rat PSM mutants in *in vitro* assays: Immunochemical assays, ELISA, FACS analysis, cellular assays, complement lysis of PSM bearing cells, ADCC assay, CTL activity assay, Tumor cell proliferative assay, T cell presentation assays.
- Testing of the mPSM mutants in vivo in a solid tumor/metastasis model in mice.

Nomenclature of the hPSM constructs

PSM is a type II membrane protein of 750 amino acids, cf. SEQ

10 ID NO: 2 which sets forth the wild-type sequence with the exception that Gly substitutes Trp in position 2 due to the introduction of an NcoI site and a Kozak sequence in SEQ ID NO: 1, where ggt substitutes tgg in positions 4-6. However, native PSM (i.e. PSM having a Trp in position 2) has also been 15 used for some human PSM based autovaccine constructs.

In PSM, the extracellular part constitutes the 707 C-terminal amino acids, whereas the cytoplasmic domain is predicted to be 19 amino acids long and the transmembrane part of the protein consists of 24 amino acids (aa 20-43).

- 20 As starting point for the constructs, the splice variant PSM' has also been used. Our version of this splice variant has the amino acid sequence corresponding to residues 58-750 in SEQ ID NO: 2. For ease of nomenclature, the regions in PSM' are numbered according to the numbering in PSM (meaning that e.g.
- 25 region 2 consists of amino acids 87-108 in PSM and amino acids 30-51 in PSM'), cf. also the below discussion of the regions.
- All the genetic constructs of human PSM are designated hPSM_._ (or hPSM'_._ if PSM' is used as a starting point), where the first __ is the insertion region used for insertion of P2, and the second __ is the insertion region used for P30.

If P2 or P30 is not present in the protein, the number 0 (zero) is designated. The full length wild type hPSM is designated hPSM0.0 and the wild type hPSM lacking the cytoplasmic and transmembrane parts is designated hPSM÷0.0. The 13 planned immunogenized hPSM genes which all contain one P2 epitope and one P30 epitope will be named hPSM1.1, hPSM6.1, hPSM8.1, hPSM10.1, hPSM1.6, hPSM1.8, hPSM1.10, hPSM1.2, hPSM1.3, hPSM1.5, hPSM2.1, hPSM3.1, hPSM10.3, hPSM6.3, hPSM1.5, hPSM2.1, hPSM3.1, hPSM10.3, hPSM6.3, hPSM10.3, hPSM10.

- 10 In hPSM1.1, both the P2 and the P30 epitopes are inserted in tandem in insertion region no., 1 (the membrane spanning region). Theoretically, this mutant, hPSM1.1, can be considered a very attractive vaccine candidate for induction of antibody production, because the whole extracellular domain of this molecule is intact. For induction of CTL responses using nucleic acid immunization, constructs such as hPSM10.3 and hPSM6.3 are considered useful.
- In order to facilitate the cloning and mutagenesis procedures, much of the molecular construction work is done using either

 20 the N-terminal (amino acids 1-436) or the C-terminal (amino acids 437-750) part of the hPSM gene as starting material.

 These two parts of the hPSM gene are designated hPSMI__._ and hPSMII__._, respectively, where the first __ is the insertion region used for insertion of P2, and the second __ is the

 25 insertion region used for P30. Again, if P2 or P30 is not present in the protein, the number 0 (zero) is designated, and the wild types are named hPSMI0.0 and hPSMII0.0, respectively. A special variant of hPSMI0.0 without the cytoplasmic part of hPSM is designated hPSMI÷0.0.
- 30 Practically, most mutagenesis work is being done using hPSMIO.0 and hPSMIIO.0 as starting material.

The expressed hPSM mutant proteins will be designated PROS__.__, where the first __ is the insertion region used for insertion of P2, and the second __ is the insertion region used for P30. If P2 or P30 is not present in the protein, the number 0 (zero) is designated. The wild type hPSM is designated PROSO.0. PROSIIO.0 is the hPSM amino acids 437-750 protein product. HIS tagged proteins are called HIS-PROS__._. As His tags has been used SEQ ID NO: 21 for expression in yeast and bacteria, whereas SEQ ID NO: 23 has been used for expression in mammalian cells.

Cloning of the human PSM sequence

and the second of the second o

The LNCaP cell line which originates from a metastatic lesion of human prostatic adenocarcinoma was purchased from the American Type Culture Collection (ATCC). mRNA was isolated from this cell line and reverse transcribed using a standard kit in order to obtain cDNA encoding the human PSM sequence. Using different sets of hPSM specific primers, PCR products encoding PSM(437-750) was obtained and further cloned into pUc19 (plasmid number pMR300) and verified by DNA sequencing. This C-terminal part of wild type PSM is designated hPSM partII (hPSMII0.0).

Similarly, the wild type hPSM partI (hPSMI0.0) has been cloned into pUc19 using primers for amplifying partI both with (hPSMI0.0) and without (hPSMI÷0.0) the transmembrane+cytoplas-25 mic domains. The clones were control sequenced and hPSMI0.0 and hPSMII0.0 were fused using ligation at the EcoRI site. The resulting clones of hPSMO.0 (SEQ ID NO: 2) and hPSM÷0.0 have been subcloned into a number of pro- and eucaryotic expression vectors and again sequence verified. The intracellularly expressed form of human PSM (designated hPSM' - amino acids 58-750 of SEQ ID NO: 2) has also been constructed using the cDNA as starting material. This sequence has also been sub-

cloned into mammalian expression vectors and has been used as starting material for some hPSM autovaccine constructs, e.g. hPSM'10.3 and hPSM'6.3.

Cloning of the rat and mouse PSM sequences

- 5 Two EST (expressed sequence tag) clones containing murine PSM cDNA sequences (from fetal murine kidney and murine macrophages, respectively) were purchased from American Type Culture Collection (ATCC). Together, these EST's covered the mouse PSM cDNA sequence, and thus both full length mouse PSM (SEQ ID NO:
 - 10 7 and 8) as well as murine PSM' (SEQ ID NO: 9 and 10) were subcloned into bacterial vectors and mammalian expression vectors. Murine PSM AutoVac constructs have also been made by insertion of P30 into the mouse PSM cDNA.

Expression of wild type hPSM in E. coli

- 15 The C-terminal part (amino acids 437-750) of hPSM, hPSMII0.0, has been cloned into the bacterial expression vector pET28b in order to obtain a product with an N-terminal poly-histidine (HIS) tail which facilitates easy large scale purification and identification with anti-poly-HIS antibodies. The protein
- 20 product of poly-HIS tagged hPSMII0.0 (protein product designated HIS-PROSII0.0) was expressed in *E. coli*.

The DNA encoding the truncated wild-type human PSM hPSM÷cyt0.0 has also been expressed from pET28b in the *E. coli* strain BL21(DE3) where the expression product is located in inclusion begins. SDS-PACE analysis of bacterial least a bacterial least a product.

25 bodies. SDS-PAGE analysis of bacterial lysate showed a product with the expected migration and Western blotting with rabbit anti-HIS-PROSIIO.O also gave the expected band. Further, N-terminal sequencing of five amino acids of this product eluted from an SDS-PAGE gel gave the expected amino acid sequence.

The wild type hPSM constructs hPSM0.0, hPSM÷0.0 (as well as two hPSM mutants, hPSM1.1 and hPSM6.1, see below) have been cloned into different *E. coli* expression vectors in order to enable a more efficient expression and some degree of folding of the recombinant proteins in *E. coli*. The chosen expression systems are:

pMCT6 which generates N-terminally His-tagged versions of the expressed recombinant proteins,

pGH433 which express the recombinant proteins in connection to 10 a 22 amino acid pelB leader sequence which should direct the protein to the periplasmic space of the *E. coli* bacteria, and

pMal-p2 in which recombinant proteins are expressed as C-terminal fusions to maltose binding protein (MBP) containing the natural MBP periplasmic leader sequence. Antibodies against MBP can be used for detection of the fusion proteins and a carbohydrate coupled column can be used for affinity purification of the product.

However, E.coli expression experiments of the wild type hPSM proteins from these vectors only showed a fair expression

20 level from pMCT6. The problems of getting periplasmic expression of the wild type hPSM proteins are still not solved at present.

Expression of wild type hPSM in Pichia pastoris

Because of the relatively high molecular weight of the PSM 25 protein and its relatively high degree of glycosylation (app. 16% of the molecular weight) and in order to facilitate purification by elimination of the refolding step, it has been decided to implement alternative technology for eukaryotic expression of the recombinant proteins. Several well-charac-

terized eukaryotic expression systems have been evaluated, and for the initial screening of hPSM mutants, the yeast *Pichia* pastoris has been chosen as alternative to *E. coli* expression.

An expression system based on the yeast Pichia pastoris has

5 been applied on PSM constructions. The glycosylation pattern
of recombinant proteins expressed in this organism is expected
to resemble the mammalian glycosylation patterns more than
e.g. Saccharomyces cerevisiae due to a lesser branched
mannosylation of the recombinant protein. It has been shown

10 that mannose receptor-mediated uptake of antigens by dendritic cells results in an approximately 100-fold more efficient presentation to T cells compared to fluid-phase endocytosed uptake. Therefore, mannosylation might play a role for
the antigenicity (and especially the ability to induce CTL

15 responses) of the hPSM mutants and other antigens against
which a CTL response is desirable.

A strain of *Pichia pastoris* as well as two different expression vectors have been purchased from Invitrogen. The vector pPICZαA carries a methanol inducible promoter upstream of the 20 polycloning site, whereas the pGAPZαA vector express proteins constitutively. Both vectors encode the α-factor secretion signal in order to export the recombinant proteins to the medium. The selection system of these vectors is zeocin resistance. The sequences encoding hPSMO.0, and hPSM÷O.0 (as well as one hPSM mutant, hPSM1.1, cf. below) were subcloned into these vectors (in-frame with a C-terminal c-myc identification epitope, SEQ ID NO: 27).

Four *Pichia pastoris* strains (X-33, SMD1168, GS115, and KM71) differing e.g. in their growth requirements were transformed 30 with each of these (linearized) plasmids using electroporation. The transformation procedure was repeated several times with minor changes in order to obtain a large number of zeocin

resistant clones. Expression of wild type hPSM÷0.0 (as well as hPSM1.1, see below) was obtained in the *Pichia pastoris* system. The expressed products could be detected in Western blotting of lysates of Pichia pastoris transformants both using an anti-hPSM monoclonal antibody and an anti-c-myc monoclonal antibody as primary. However, the recombinant products were detected intracellularly.

Expression of wild type hPSM in mammalian cells

An expression system using CHO (chinese hamster ovary) cells 10 will also be implemented for the final testing and production of selected molecules.

So far, CHO cells have been transfected with wild type hPSM and hPSM1.1 with/without in frame leader sequences in mammalian expression vector pcDNA3.1. Geneticin resistant cells have been obtained. In COS cells transiently transfected with the same constructs, both hPSM0.0 and hPSM1.1 was detected in Western Blotting of cell pellets using anti-hPSM monoclonal antibody.

Tissue distribution of hPSM

- 20 A commercial kit has been purchased in order to determine whether hPSM expression can be detected in various human tissues including prostate, blood and brain. The method is based on a dot blot detection of polyA containing mRNA extracted from 50 different human tissues. Preliminary results
- 25 do not indicate hyperexpression of hPSM in tissues such as blood or brain. However, after the priority date of the present application, others have demonstrated the presence of PSM in other tissues, cf. above.

Design of the hPSM mutants

When designing the mutational work in PSM, some regions of the protein are very important to preserve in the modified constructs, for example potential and identified T cell epitopes,

5 B cell epitopes and disulfide bridge cysteine residues. Therefore, such "forbidden" regions have been identified within the PSM sequence leaving a limited number of "open" regions of 20 amino acids or more available for exchange with the foreign T helper epitopes P2 and/or P30. Per definition, the transmentorant-pregion is also considered an "open" region since autoantibodies directed against this region are irrelevant and elimination of this sequence is believed to enhance the solubility of the mutated PSM proteins but it cannot be excluded that this region contain important CTL epitopes, hence the preservation of the transmembrane region in e.g. hPSM10.3.

According to our expectation that the autovaccine will induce a CTL response, it would be important to identify and preserve potentially subdominant CTL epitopes in the constructs. Two such epitopes are already known from the literature: 1) the 20 peptide comprising PSM amino acids 4-12 (LLHETDSAV) can be presented on the human MHC class I molecule HLA-A2.1 (Tjoa 1996), and 2) the PSM(711-719) (ALFDIESKV) also binds HLA-A2.1 (ref 25). We have also searched the PSM amino acid sequence in order to identify primary anchor residues of HLA class I binding motifs as described by Rammensee et al. (Rammensee, 1995) for the most abundant HLA class I types (HLA-A1, HLA-A2, HLA-A3, HLA-A23, HLA-A24 and HLA-A28), together constituting 80 % of the HLA-A types of the human population. Likewise, potential HLA-B and HLA-C epitopes have been identified and 30 designated as "forbidden" areas.

Because the initial intention was to use C57/black x SJL F1 hybrid mice in case it was decided to use transgenic mice for

testing the PSM autovaccine constructs, certain potential mouse $H-2^b$ and $H-2^s$ T helper epitopes have been identified and considered "forbidden" regions (*Rammensee 1995*).

It is also important to preserve known antibody binding re5 gions in the PSM molecule, because they could be important in
the induction of specific anti-PSM autoantibodies. Five such
regions have already been described: PSM(63-68), PSM(132-137),
PSM(482-487) (WO 94/09820), PSM(716-723) and PSM(1-7) (Murphy,
1996). Using the computer based method of Hopp and Woods for
10 prediction of antigenic determinants, five regions are predicted: PSM(63-69), PSM(183-191), PSM(404-414), PSM(479-486)
and PSM(716-723) (Hopp 1983), some of these overlapping the
experimentally found B cell epitopes. These regions will also
be preserved in the PSM vaccine candidate molecules.

15 The PSM protein contains 4 cysteine residues (amino acid positions 22, 196, 466 and 597) which will be preserved in the immunogenized constructs because of their potential importance in the formation of disulfide bridges.

Based on the above mentioned "forbidden" and "open" regions in 20 the hPSM protein, 10 regions suitable for insertion of foreign T helper epitopes were identified:

Insertion regions in hPSMI (from initiation site to EcoRI site, aa 1-437):

Region 1: aa 16-52 in PSM (4 aa preceding TM, TM (24 aa) and 9 aa after TM = 37 aa)

Region 2: aa 87-108 in PSM, aa 30-51 in PSM' (22 aa)

Region 3: aa 210-230 in PSM, aa 153-173 in PSM' (21 aa)

Region 4: aa 269-289 in PSM, aa 212-232 in PSM' (21 aa)

Region 5: aa 298-324 in PSM, aa 241-267 in PSM' (27 aa)

Insertion regions in hPSMII (from EcoRI site to termination site, aa 437-750):

5 Region 6: aa 442-465 in PSM, aa 385-408 in PSM' (24 aa)

Region 7: aa 488-514 in PSM, aa 431-457 in PSM' (27 aa)

والمراب المتعلق المستنسبية والرابات المتعلق ميا المتعلق ما المتعلق والمارات المتعلق والمتعلق والمتعلق

Region 8: aa 598-630 in PSM, aa 541-573 in PSM' (33 aa)

Region 9: aa 643-662 in PSM, aa 586-605 in PSM' (20 aa)

Region 10: aa 672-699 in PSM, aa 615-642 in PSM' (28 aa)

10 The insertion regions as well as the "forbidden" regions are represented graphically in Fig. 4.

A number of different immunogenized PSM constructs will be made by substitution of a segment of amino acids from two of the above listed insertion regions with P2 or P30. Each mutant

- 15 protein will thus contain both P2 and P30, although such constructions are only exemplary single-mutants are also within the scope of the present invention. Experimentally, the mutations will be made in clones of hPSMI and hPSMII cDNA respectively, and the two mutated parts will subsequently be
- 20 combined by ligation (at the EcoRI site). The P2 and P30 epitopes have initially been inserted into insertion regions 1, 2, 3, 5, 6, 8 and 10 in order to create the mutants.

The sequences of P2 and P30 are:

P2: QYIKANSKFIGITEL (SEQ ID NO: 12, 15 aa), in this case encoded by the nucleotide sequence cag tac atc aaa gct aac tcc aaa ttc atc ggt atc acc gag ctg (SEQ ID NO: 11, 45 nucleotides), where the sequence in boldface is a SacI site. Other codon choices may occur, depending on choice of cloning vector and expression system

P30: FNNFTVSFWLRVPKVSASHLE (SEQ ID NO: 14, 21 aa), in this case encoded by the nucleotide sequence ttc aac aac ttc acc gta agc ttc tgg ctg cgt gtt ccg aaa gtt agc gCT AGC cac ctg

10 gaa (SEQ ID NO: 13, 63 nucleotides), where boldface indicates an HindIII site, single underlining indicates an Eco47III site, capital letters indicates a BstNI site, and double underlining indicates an NheI site.

The following table summarizes the human PSM constructs used 15 herein:

	Construct	P2 position in protein	P30 position in protein
	hPSM0.0	÷	÷
20	hPSM÷0.0	÷	÷
	hPSM'0.0	÷	÷
	hPSM1.1	17-31	32-52
	hPSM6.1	448-462	21-41
25	hPSM8.1	606-620	21-41
	hPSM10.1	674-688	21-41
	hPSM1.6	24-38	443-463
	hPSM1.8	24-38	607-627
	hPSM1.10	24-38	673-693
	hPSM1.2	24-38	87-107
30	hPSM1.3	24-38	210-230
	hPSM1.5	24-38	301-321
	hPSM2.1	91-105	21-41
	hPSM3.1	213-227	21-41
	hPSM5.1	305-319	21-41

110

	Construct	P2 position in protein	P30 position in protein
	hPSM8.0	606-620	÷
	hPSM10.0	674-688	÷
	hPSM0.1	÷	21-41
• •	hPSM1.0	24-38	÷
5	hPSM6.3	448-462	210-230
	hPSM8.3	606-620	210-230
	hPSM10.3	674-688	210-230
	hPSM'6.3	391-405	153-173
	hPSM' 8.3	549-563	153~173
10	hPSM'10.3	617-631.	153-173

Molecular constructions of the hPSM mutants

Mutations to insert P2 and P30 encoding sequences have been performed using both hPSMI0.0 and hPSMII0.0 as starting material.

- 15 In order to generate a majority of the hPSM mutants, P2 and P30 were initially inserted in hPSMIO.0 at insertion position 1. The resulting material (hPSMI1.0 and hPSMIO.1, respectively) was subsequently used as starting material for mutagenesis to insert P2 and P30 at positions 2,3 and 5 and for ligation with epitope mutated hPSMII. hPSMI1.0 was constructed using SOE (single overlap extension) PCR and subsequently sequence verified. hPSMIO.1 was constructed using the "Quick
- The P2 epitope was inserted into positions 2, 3 and 5 of 25 hPSMI1.0 using SOE-PCR to create hPSMI1.2, hPSMI1.3 and hPSMI1.5. These constructions were combined with hPSMII0.0 to create hPSM1.2, hPSM1.3 and hPSM1.5.

Change" technique and subsequently sequence verified.

hPSMI2.1, hPSMI3.1 and hPSMI5.1 were constructed by SOE PCR using hPSMI0.1 as starting material. This material has been assembled with hSPMII0.0 by ligation at the EcoRI site in order to create the full length mutants hPSM2.1, hPSM3.1 and hPSM5.1.

The P2 epitope was inserted at three different positions of hPSMII0.0 in order to create hPSMII6.0, hPSMII8.0 and hPSMII10.0 using the "Quick Change" technique, and these clones were subsequently sequence verified.

10 Subsequently, hPSMI0.1 was ligated with hPSMII6.0, hPSMII8.0 and hPSMII10.0 to obtain hPSM6.1, hPSM8.1 and hPSM10.1, and the clones were sequence verified.

Insertion of the P30 epitope in hPSMII is presently being done to generate hPSMII0.6, hPSMII0.8 and hPSMII0.10 using SOE PCR.

15 hPSM1.1 was constructed using two two-step PCR mutations followed by ligation in a *Hind*III site within the epitope sequence. The full length construct is sequence verified.

hPSM10.3, hPSM'10.3, and hPSM6.3 have been constructed using SOE-PCR. Several other hPSM variants with both P2 and P30 20 inserted in the extracellular part of hPSM are currently being

20 inserted in the extracellular part of hPSM are currently being constructed (hPSM'6.3, hPSM8.3, hPSM'8.3).

In addition to the originally contemplated mutants each containing both P2 and P30, four mutants which only contain a single foreign epitope have been constructed and sequence verified: hPSM1.0, hPSM8.0, hPSM10.0 and hPSM0.1.

Expression of hPSM mutants in E. coli

In small-scale experiments, seven hPSM mutants, hPSM1.1, hPSM6.1, hPSM8.1, hPSM10.1, hPSM2.1, hPSM3.1 and hPSM5.1 were expressed from pET28b in the *E. coli* strain BL21(DE3), and

- 5 IPTG inducible products of the expected size were identified on Coomassie Blue stained SDS-PAGE gels. However, a product of hPSM1.1 was not detectable. The expression levels of these hPSM mutants were very low compared to the product of the wild type construct hPSM÷0.0. At this point, a fair expression
- 10 level of the hPSM mutants using the pET system in *E. coli* seems impossible, and the use of other *E. coli* expression systems and/or other host organisms is thus necessary.

As mentioned above, hPSM6.1 and hPSM1.1 have been subcloned into different *E. coli* expression vectors in order to generate

- 15 N-terminally His-tagged versions of the expressed recombinant proteins using vector pMCT6,
 - versions of the proteins expressed with the pelB leader sequence which directs the protein to the periplasmic space of the E. coli bacteria using vector pGH433, and
- 20 versions of the recombinant proteins expressed as a Cterminal fusion protein to maltose binding protein (MBP) using vector pMal-p2.

So far, a sufficient expression level from any of these constructs has not been obtained.

- 25 Since hPSM0.0 is fairly expressed in *E. coli* while a similar expression level of full length hPSM0.0 or the hPSM mutants has not been observed, it is possible that presence of the cytoplasmic part of the hPSM molecule can somehow "inhibit" the expression of the full-length hPSM constructs in *E. coli*.
- 30 To test this hypothesis, we initially made two genetic con-

structs of hPSM1.1 and hPSM6.1 without cytoplasmic domains. However, in *E.coli* expression experiments there were only weak expression of these ÷cyt gene products.

Expression of hPSM mutants in Pichia pastoris

5 In order to express the hPSM1.1 mutant protein from the yeast Pichia pastoris, the hPSM1.1 sequence has been subcloned (inframe with a C-terminal c-myc identification epitope, SEQ ID NO: 27) into the two different expression vectors pPICZαA and pGAPZαA, and the sequences have been verified. hPSM1.1 expression (as well as hPSM÷0.0, see above) was detected intracellularly in the Pichia pastoris transformants.

Expression of hPSM mutants in mammalian cells

As mentioned above, hPSM1.1 has been subcloned into the mammalian expression vectors pcDNA3.1(+) and pZeoSV2 and these 15 constructs (and others) could be used for expression in e.g. CHO cells. Transient expression of hPSM1.1 as well as hPSM0.0 has been obtained in COS cells as verified by Western blotting.

DNA vaccination

20 DNA vaccination would, if effective, be very well suited for the PSM autovaccine - especially because this administration form has been shown to promote both CTL mediated immune reactions and antibody production. Therefore, it was the intention to perform a parallel study with the aim of investigating the 25 effect of DNA-vaccination of mice with appropriate vectors encoding immunogenized mouse ubiquitin and/or mouse TNFα. DNA vaccination with hPSM (and/or mutants) encoding naked DNA will also be done. Feasibility study using immunogenized ubiquitin for DNA vaccination

A feasibility study stating the effect of DNA vaccination with an immunogenized self protein was performed using ubiquitin 5 with an inserted T helper epitope from ovalbumin (UbiOVA) as a model protein. Sequences encoding UbiOVA as well as wild type ubiquitin were subcloned into the mammalian expression vector pcDNA3.1(-).

Groups of 5 BALB/c mice were immunized with 40 µg pcDNA-UbiOVA or pcDNA-ubiquitin construct either intramuscularly in the quadriceps or intradermally. An control control group of received UbiOVA protein in complete Freunds adjuvant. Three and six weeks later, the immunizations were repeated with the only difference that the UbiOVA protein was emulsified in incomplete Freunds adjuvant.

The mice were bled regularly and the anti-ubiquitin antibody titers were determined. In the DNA vaccinated UbiOVA groups, only very weak anti-ubiquitin antibody titers were obtained. Subsequently, all groups were boosted with UbiOVA protein in 20 incomplete Freunds adjuvant and bled in order to determine whether DNA vaccination with UbiOVA (and not ubiquitin) could potentiate the antibody response towards UbiOVA protein. The results of this experiment showed that there was no significant difference between the UbiOVA groups and the control groups, all mice developed strong anti-ubiquitin antibodies upon this single UbiOVA/FIA boost.

DNA vaccination using hPSM constructs

Currently, various DNA vaccination experiments are ongoing using hPSM constructs. Various human PSM wildtype and AutoVac 30 constructs (such as e.g. hPSM0.0, hPSM*0.0, hPSM*0.0, hPSM1.1,

hPSM10.3) have been subcloned into DNA vaccination vectors (such as pcDNA3.1(+), pcDNA3.1(-), pVAX and pZeoSV2). In some of the constructions, different leader sequences (such as the CD11a, tPA, and IL-5 leader sequences; SEQ ID NOs: 29, 25, and 31, respectively) have been included directly N-terminally and in-frame to allow secretion of the expressed hPSM proteins in vivo. All the constructions in DNA vaccination vectors have been verified by DNA sequencing and in vitro translation.

Mice of different strains (such as Balb/cA, Balb/cJ, DBA/2 and 10 A/J) have been injected with the above described hPSM DNA vaccines either intradermally or intramuscularly and boosted several times using the same constructs.

Serum samples have been obtained during the immunisation period and stored at -20°C. These samples will be analysed for presence of antibodies reactive with wild type hPSM.

Also, assays to monitor CTL and T helper proliferative responses in these mice are being established.

Preliminary results suggest that induction of both CTL as well as antibody responses against PSM can be accomplished.

20 Purification/characterization of HIS-tagged hPSM(437-750) (HIS-PROSII0.0)

HIS-tagged wild type hPSMII (HIS-PROSIIO.0) was expressed from pET28b, and solubilized inclusion bodies were applied to a gel filtration FPLC column and eluded in a buffer containing 8 M urea. Fractions predominantly containing hPSMII were subjected to various refolding conditions to optimize the procedure. Solubilized product dialyzed against a Tris buffer was estimated to be more than 90 % pure using silver-stained SDS-PAGE.

Rabbits were immunized with the purified HIS-PROSIIO.0 in order to use the resulting antiserum for later detection and possibly affinity purification of the hPSM mutants.

Purification/characterization of soluble hPSM (PROS÷0.0)

- 5 Wild type hPSM lacking the cytoplasmic and transmembrane parts, PROS÷0.0, has been expressed in the E. coli strain BL21(DE3) upon induction with IPTG and could be detected in inclusion bodies. SDS-PAGE of this bacterial lysate followed by Western blotting with rabbit anti-HIS-PROSIIO.0 showed a 10 product with the expected migration. N-terminal sequencing of the first five amino acids of this product eluted from an SDS-PAGE gel showed the expected sequence corresponding to human PSM. The product was subjected to a large series of solubilization and refolding experiments. A product which stay 15 in solution can be obtained in a Tris buffer without denaturant or reductant, but SDS-PAGE analysis reveals that the material probably forms large aggregates. Mice and rabbits have been immunized with this material in order to get antibody against hPSM e.g. for analytical purposes - the antisera 20 did not react with LNCap hPSM.
- A batch of washed *E. coli* inclusion bodies of PROS÷0.0 has been prepared for immunization of rabbits to generate a polyclonal antiserum against PSM. Approximately 50% of the protein content in the wet pelleted material contained was PROS÷0.0. The antisera did not react with LNCap hPSM in Western blotting.

Preparation of KLH-conjugated hPSM peptides for immunization

Three 15-mer peptides were synthesized in order to make an immunogenic conjugate of known hPSM B cell epitopes with an immunological carrier molecule to obtain a polyclonal anti-

serum which is able to recognize hPSM. These peptides contain the PSM B cell epitope plus 5-6 flanking PSM amino acids in each end.

The peptides were made by automatic synthesis, HPLC purified 5 and control-sequenced using Edman degradation.

A chemically linked conjugate was prepared by cross-linking the B cell epitope containing hPSM peptides KLH using a standard 1-step procedure with glutaraldehyde as the cross-linking agent.

Synthesis of P2 and P30 peptides with flanking hPSM sequences

Six peptides have been designed which correspond to the P2 and P30 epitopes with 5 flanking hPSM amino acids in each end. The flanking amino acids correspond to the epitope insertion sites 6, 8 and 10. The peptides will be used in e.g. T cell proliferation assays, but also for other purposes such as ELISA or other in vitro assays. The peptide sequences are:

	PSMpep007	P2 inserted in hPSM insertion position 6 QERGVQYIKANSKFIGITELRVDCT (SEQ ID NO: 15)
20	PSMpep008	P2 inserted in hPSM insertion position 8 AVVLROYIKANSKFIGITELEMKTY (SEQ ID NO: 16)
	PSMpep009	P2 inserted in hPSM insertion position 10 MFLEROYIKANSKFIGITELHVIYA (SEQ ID NO: 17)
25	PSMpep010	P30 inserted in hPSM insertion position 6 NSRLLFNNFTVSFWLRVPKVSASHLEVDCTP (SEQ ID NO: 18)
	PSMpep011	P30 inserted in hPSM insertion position 8 VVLRKFNNFTVSFWLRVPKVSASHLESFDSL (SEQ ID NO: 19)

118

PSMpep012

P30 inserted in hPSM insertion position 10
LMFLEFNNFTVSFWLRVPKVSASHLEPSSHN (SEQ ID NO: 20)

The P2 and P30 epitopes are underlined. The peptides were made by automatic synthesis and subjected to the process of HPLC purification followed by control-sequencing using Edman degradation.

Immunogenicity assays

--- Different experimental setups have been initiated in order to produce materials and establish immunogenicity assays for the 10 future testing of and selection between the mutated PSM constructs.

Generation of polyclonal rabbit anti-HIS-PROSII0.0 and anti-KLH-PSM-peptide conjugate antisera

- 15 Two rabbits were immunized with purified HIS-PROSIIO.0, the HIS-tagged C-terminal part of the hPSM protein (amino acids 437-750) emulsified 1:1 with complete Freunds adjuvant and boosted twice (at days 28 and 55) with the same antigen emulsified in incomplete Freunds adjuvant.
- 20 Two rabbits were immunized with a cocktail consisting of the KLH-PSM peptide conjugate plus each of the three free peptides. These three peptides each contain a previously defined B cell epitope of hPSM. The cocktail was emulsified 1:1 with complete Freunds adjuvant. The rabbits were boosted twice (at days 28 and 55) with the same antigen emulsified in incomplete Freunds adjuvant.

Cross-reactivity between anti-HIS-PROSIIO.0 and PSMpep005 and cross-reactivity between anti-KLH-PSM peptide conjugate plus peptides and HIS-PROSIIO.0 was demonstrated in ELISA assays.

The anti-HIS-PROSIIO.0 antibody has the ability to recognize native hPSM in lysates of LNCaP cells in Western blotting.

Immunization of mice with retrovirally expressed hPSM0.0

At this stage of the PSM project, a serious obstacle is still 5 the lack of antibodies which are able to recognize correctly folded native hPSM. Therefore, an immunization experiment using retrovirally expressed hPSMO.0 was performed.

Six groups of Balb/c mice were immunized with either:-1)
mitomycin C treated BALB/c fibrosarcoma cells (79.24.H8)

10 transduced with hPSMO.0 cDNA (CMV-Koz-hPSM), 2) mitomycin C treated BALB/c fibrosarcoma cells (79.24.H8), transduced with empty vector (CMVBipep), 3) packaging cells (BOSC) transfected with hPSMO.0 cDNA (CMV-Koz-hPSM), 4) packaging cells (BOSC) transfected with empty vector (CMVBipep), 5) retrovirus stock expressing hPSMO.0 cDNA (CMV-Koz-hPSM) or 6) retrovirus stock, empty vector (CMVBipep).

At several time points, the mice were bled and the sera obtained tested for reactivity in ELISA for reactivity against HIS-PROSIIO.O. Unfortunately, none of the mice developed antibodies able to specifically recognize the HIS-PROSIIO.O preparation.

Establishment of an anti-hPSM ELISA

Purified HIS-PROSIIO.0 was used for coating polystyrene microtitre plates (Maxisorp) for the purpose of establishing an 25 ELISA assay for testing e.g. hybridoma supernatants or mouse and rabbit antisera. Sera from BALB/c mice immunized with the same preparation of HIS-PROSIIO.0 were reactive with the immobilized HIS-PROSIIO.0 at 0.5 µg per well using horse

radish peroxidase labelled rabbit anti-mouse Ig as secondary antibody.

As mentioned above, the ability of an antiserum raised in rabbits against KLH-PSMpep004-PSMpep005-PSMpep006 conjugate 5 mixed with the free peptides to react with immobilized HIS-PROSIIO.0 was demonstrated using this ELISA assay.

Using AquaBind® microtitre plates (cf. the disclosure in WO 94/03530 describing i.a. microtitre surfaces coated with tresyl-activated dextran which are now marketed under the 10 registered trademark AquaBind), an ELISA using immobilized PSM peptides (PSMpep004, PSMpep005 and PSMpep006) was established. AquaBind® plates coated with these peptides could detect a rabbit antiserum raised against the same preparation of antigen. As mentioned above, rabbit anti-HIS-PROSIIO.0 could be detected on AquaBind® plates coated with PSMpep005.

Establishment of an anti-hPSM Western blot using LNCaP cells and monoclonal antibody 7E11C5

7E11C5 B cell hybridomas which secrete mouse IgG2a monoclonal antibody against an intracellular epitope of human PSM was 20 purchased from ATCC. Culture supernatant from approximately 90% dead cells was collected and used in Western blotting for detection of human PSM in both membrane enriched preparations of LNCaP cells as well as in LNCaP cell lysates. This antibody was purified using protein G columns, and its reactivity with 25 LNCaP in Western blotting verified.

Establishment of a FACS method to detect hPSM on LNCaP cells

We have established to mutually independent FACS methods to detect hPSM on LNCaP cells. Several problems are being addressed: The LNCaP cells grow very slow and in irregular

clumps, and therefore the method to prepare single cell suspensions should be optimized. Secondly, the epitope recognized by the mAb 7E11C5 is in the literature defined to be in the cytoplasmic domain of hPSM. Therefore, the method to fix and permeabilize the cells has been developed. For this purpose, protein G purified 7E11C5 antibody has been FITC conjugated and can thus be used without secondary antibody in FACS analysis.

Also, a FACS method using the anti-hPSM monoclonal antibody

10 J591 which recognizes an epitope on the extracellular part of
hPSM, has been established. The antibody was obtained from BZL
Biologicals and FITC conjugated and subsequently used for FACS
analysis and sortings of e.g. LNCaP cells and hPSM transfectants (see below).

15 Establishing a cytotoxicity assay

A method to purify dendritic cells from mouse bone marrow has been implemented. Using model proteins, immunization of mice with dendritic cells pulsed with model class I peptides and protein has been optimized. Also, mice have been immunized 20 with a model protein (β -galactosidase) formulated in the form of ISCOMS. T-cells purified from immunized mice have been in vitro restimulated with different forms of the corresponding antigens. The ability of these restimulated CTLs to lyse different kinds of target cells (including pulsed dendritic 25 cells as well as transfectants expressing retrovirally expressed cytosolic class I peptide) was subsequently measured. Two different in vitro assays measuring CTL activity have been established, using either chromium release or and DNA fragmentation (JAM method) as measures of cytotoxicity. Very nice 30 results were obtained with the β -galactosidase model protein and with various combinations of MHC class I and class II binding model peptides.

Establishment of tools to study breaking of autotolerance towards mouse PSM in mice.

It is the intention to study whether autotolerance to mouse PSM can be broken in mice by immunisation and/or DNA vaccination against murine PSM using murine PSM AutoVac molecules.

As mentioned above, cDNA encoding murine PSM (mPSM) has been obtained and DNA sequenced. Four mPSM variant molecules are being generated by insertion of P30 at well-defined sites in either—full-length mPSM or mPSM'.—The constructs—are as follows:

		mPSM amino acids substituted	Length of molecule	
		with P30	(no. of amino acids)	
	mPSM0.0	÷	752	
	mPSM'0.0	÷	694	
	mPSMX	255-271 (of SEQ ID NO: 8)	756	
	mPSMY	689-700 (of SEQ ID NO: 8)	760	
15	mPSM'X	197-213 (of SEQ ID NO: 10)	698	
	mPSM'Y	631-642 (of SEQ ID NO: 10)	702	

Initially, the mPSM wild type and analogue molecules are subcloned into DNA vaccination vectors and used for DNA vaccination of mice.

20 It is the intention to analyse immune responses such as CTL responses and tumor elimination in the mice. For this, murine tumor cell lines will be transfected with wild type murine PSM (fused in-frame with an identification tag, e.g. the c-myc epitope, SEQ ID NO: 27, for detection purposes).

in vivo PSM tumor models

Mouse T cell proliferation assays with P2 and P30

A series of T cell proliferation experiments has been conducted in order to establish the T cell immunogenicity of P2 and P30 peptides in various mouse strains (BALB/cA (H-2d), C3H/Hen (H-2k), DBA/1 (H-2q) and C57BL/6 (H-2b)). It is well known that these epitopes are promiscuous in humans, but the T cell promiscuity also needed to be confirmed in mice using M&Es experimental setup. It was thus shown that P30 is T cell immunogenic in the BALB/cA and C57BL/6 strains whereas neither P2 or P30 were shown to be T cell immunogenic in the C3H/Hen strain. In DBA/1, T cells could be raised against P2.

Generation of hPSM expressing mouse tumor cells

For the use of a hPSM specific tumor model in mice as well as 15 for the use in tumor cell proliferative assays, a panel of hPSM expressing mouse tumor cells are being established.

One approach is to generate these cell lines by transducing the murine tumor cell lines with retroviral vectors encoding the full-length wild type hPSMO.0 cDNA.

20 Three different constructs encoding full length wild type cDNA encoding human PSM inserted into the polycloning site of the retroviral vector CMVBipep was constructed, two of these containing a short Kozak sequence upstream of the start codon.

These constructs were transduced into three different mouse
25 tumor cell lines: P815 (mastocytoma, H-2^d), B16-F10 (melanoma,
H-2^b) and 79.24.H8 (fibrosarcoma, H-2^d) using the BOSC packaging cell line. Geneticin resistant clones have been obtained
for all three cell types, and it was verified in PCR analysis

WO 00/20027 PCT/DK99/00525

124

on genomic DNA template that the retroviral constructs were integrated in the host cells. It has not yet been possible to detect an expressed PSM gene product in Western blot or FACS analysis using the 7E11C5 monoclonal antibody.

5 Two stable mouse tumor cell lines harboring membrane bound wild type human PSM have been established by transfection.

This was done using hPSMO.0 cDNA subcloned in the mammalian expression vector pcDNA3.1(÷) under the control of the CMV promoter and containing a Kozak sequence upstream of the start 10 codon.

The resulting plasmid was transfected into two different mouse tumor cell lines: 79.24.H8 (fibrosarcoma, Balb/c derived) and SalN (fibrosarcoma, A/J derived). Geneticin resistant cultures were obtained and subjected to Western blotting and FACS

15 analysis using the J591 and 7E11C5 anti-hPSM monoclonal anti-bodies. Using the J591 antibody, the cells were FACS sorted several rounds until a hPSM positive population was obtained. hPSM expression was again verified by intracellular FACS staining using the 7E11C5 antibody. It was also checked by

20 FACS analysis that the MHC class I expression levels were the same level as the levels of the parental cell lines.

Cultures of 79.24.H8 and SalN cell lines expressing hPSM were cloned by limiting dilution. Several clones were obtained and tested for different hPSM expression levels by FACS analysis using the anti-hPSM monoclonal antibody J591.

79.24.H8 cells expressing hPSM were transfected with the gene encoding B7.1 for use in e.g. in vitro assays to monitor hPSM specific CTL responses and/or interferon-gamma release. The cells were FACS sorted one time using an anti-B7.1 antiserum.

Establishment of a hPSM specific tumor model in mice

It has been decided to establish at least two in vivo tumor models in immune competent mice in order to determine the anti-tumor effect of antibodies raised in mice against the 5 immunogenized hPSM molecules. This will hopefully be done by injecting syngeneic mouse tumor cell lines modified to express wild type hPSM on the surface membrane. Cells which form solid tumors and/or cells which are known to metastasize will be used. Cell lines which can be implanted in syngeneic mice

10 without being-rejected due to the presence of the foreign hPSM molecule will be used in the model. The ability of the hPSM vaccines to eliminate such tumor cells will be used for the selection of the hPSM vaccine candidates.

To evaluate the growth of SalN cells transfected with the full 15 length human PSM, different doses (2x106 and 5x106) of the hPSM transfected SalN cells (S-PSM, sorted 5 times) were injected subcutaneously at the lower right flank of groups of A/J mice. However, solid tumors did not establish. Subsequently, three clones of S-PSM cells with different expression level of hPSM 20 were injected subcutaneously in 3 groups of A/J mice at a dose of 10' cells/mouse. The sizes of the established tumors were measured with a caliber measuring two different diameters which were multiplied to give the tumor size in mm2. These values were compared for the three groups. Within 3-6 days, 25 all mice developed a solid tumor-like structure which disappeared again approximately by day 15. This is likely to be due to the presence of human PSM on the tumor cell surfaces, although it has not yet been verified. SalN cells transfected only with the pcDNA3.1 vector continued to grow as solid 30 tumors in mice.

A similar picture was observed in mice injected with 10^6 , 5×10^6 , or 10^7 79.24.H8 cells transfected with hPSM and sorted

several rounds for hPSM expression. These cells (termed 79-PSM) also did not establish as tumors in Balb/c nor DBA/2 mice. However, when a clone of hPSM transfected 79.24.H8 cells, 79-PSM.3, was injected into Balb/c or DBA/2 mice, the mice developed solid tumor-like structures which disappeared again by day 10-20. Vector-transfected 79.24.H8 continued to grow in Balb/c mice.

It still remains to be evaluated if these "tumors" are treatable, or if a better tumor model can be established based on the described S-PSM and 79-PSM cell lines, and clones.

Conclusions

In the molecular construction work we have succeeded in cloning of the human PSM gene and obtaining the mouse PSM cDNA. An array of fully sequenced immunogenized hPSM autovaccine 15 constructs have been produced. The hPSM mutants as well as different wild type hPSM molecules have been expressed in E. coli, and it was found and verified that the expression level in E. coli is very low. Polyclonal antibodies against the Cterminal half of hPSM have been induced in rabbits. Efforts 20 have been made in order to implement different expression tags (His-tag and maltose binding protein fusion) as well as expression systems alternative to E. coli inclusion bodies. Recombinant wild type and/or autovaccine hPSM has been detected in transfected Pichia pastoris and mammalian cells. 25 Useful considerations regarding the DNA vaccine technology have been made, and a preliminary feasibility study was performed. DNA vaccination experiments with hPSM autovaccine molecules are ongoing and show promising preliminary results. Different in vitro assays useful for testing of and selection 30 between the mutated PSM constructs is established, including immunochemical assays and FACS analysis. Mouse tumor cells have been stably transfected with full length wild type hPSM

and FACS sorted for hPSM surface expression. Clones of these cell lines have been obtained. In vivo xenogenic tumor models in mice is being evaluated using these hPSM bearing syngeneic mouse tumor cells. An array of T cell proliferation assays have been performed in order to select the mouse strains for the tumour models. CTL assays are being optimized, and convincing results with model antigens have been obtained using different immunization methods and assay conditions. Furthermore, tools necessary to study breaking of tolerance to mouse PSM by immunization against mouse PSM autovaccines are being established.

EXAMPLE 2

Production of a Her2 autovaccine

A human autovaccine against Her2 can be developed through 15 modification of the molecule by insertion of one or more promiscuous foreign T cell epitopes to reveal a panel of immunogenised Her2 molecules. These modified proteins will be tested for their ability to induce antibodies which are crossreactive with the native parts of the Her2 molecule. Subse-20 quently, in several in vitro assays and in vivo animal models, the efficacy of the different constructs (as may be the case with the DNA vaccinnation) and modified proteins will be evaluated. The induction of specific CTL responses against Her2 bearing tumour cells will be analysed. Also, the induced 25 antibodies will be tested for their ability to activate complement via the classical pathway and to initiate ADCC via Fcreceptors. Finally, the different modified molecules will be tested in animal models of human breast cancer to examine their effects on the treatment of tumours.

WO 00/20027 PCT/DK99/00525

Immunogenic rat and human molecules will be constructed with promiscuous T-cell epitopes at different positions in the molecule.

During vaccination against the entire extracellular domain of 5 Her2 there is a possibility of some degree of cross reaction of the antibodies with other EGFr receptors since some of these receptors are homologous by up to 40-46% in the extracellular domains. Therefore it is planned that the conserved regions of Her2 would be disrupted by inserting foreign 10 T cell epitopes at least in some-of-the-modified proteins (see below for details).

Regions of Her2 that may potentially be CTL or B-cell epitopes are avoided in designing of constructs are seen in Fig. 3. The rationale for using these positions is as follows:

15 The human Her2 sequence can be divided into a number of domains based solely on the primary structure of the protein.

Extracellular (receptor) part:

1-173: Domain I (N-terminal domain of mature polypeptide).

20 174-323: Domain II (Cysteine rich domain, 24 cysteine residues).

324-483: Domain III (ligand binding domain i the homologous EGF receptor).

484-623: Domain IV (Cysteine rich domain, 20 cysteine residues).

624-654: Transmembrane domain (TM resudues from 654 - 675).

Intracellular (kinase) part:

655-1010: Tyrosine kinase domain (core TK domain from 725 - 992).

1011-1235: C-terminal domain.

- 5 Selection of sites in the amino acid sequence of HER2 to be displaced by either the P2 or P30 human T helper epitopes has been done considering the following parameters (loosely prioritised):
 - 1. Known and predicted CTL epitopes
- 2. Homology to related receptors (EGFR in particular)
 - 3. Conservation of cysteine residues
 - 4. Predicted loop, α -helix and β -sheet structures
 - 5. Potential N-glycosylation sites
 - 6. Prediction of exposed and buried amino acid residues
- 7. Domain organisation

The CTL epitopes appear to be clustered in domain I, domain III, the TM domain and in two or three "hot spots" in the TK domain. According to the invention, these should be largely conserved.

20 Regions with a high degree of homology with other receptors are likely to be structurally important for the "overall" tertiary structure of Her2, and hence for antibody recognition, whereas regions with low homology possibly can be exchanged with only local alterations of the structure as the consequence.

Cysteine residues are often involved in intramolecular disulphide bridge formation and are thus crucial for the tertiary structure and should preferably not be changed.

Regions predicted to form α -helix or β -sheet structures should preferably be avoided as insertion points of foreign epitopes, as these regions are probably important for the folding of the protein.

5 Potential N-glycosylation sites should preferably also be conserved because mannosylation of the protein (for example by expression in yeast) is desired, cf. the presence of mannose receptors on APCs.

Regions predicted (by their hydrophobic properties) to be 10 interior in the molecule preferably should be conserved as these could be involved in the folding. In contrast, solvent exposed regions could serve as candidate positions for insertion of the model T_H epitopes P2 and P30.

Finally, the domain organisation of the protein has also been taken into consideration because of its relevance for protein structure and function.

The focus of the strategy has been to conserve the structure of the extracellular part of Her2 as much as possible, because this is the part of the protein which is relevant as target 20 for neutralising antibodies. By contrast, the intracellular part of native membrane bound Her2 on the surface of cancer cells is inaccessible for the humoral immune system.

Hence, only the presence of CTL epitopes gives reason to include this part in a vaccine. It is therefore obvious to place one or more epitopes here. If it turns out that it is impossible to express the full length Her22 molecule in E. coli or in yeast, the intracellular part could be truncated after the first CTL epitope "hot spot" (around position 800). Additional CTL epitopes can hereafter be added to the C-terminal end of the truncated molecule.

The transmembrane region probably is an independent folding unit and substitution of this with T_H epitopes such as P2 or P30 will probably not affect the HER2 structure and folding. In addition, the TM domain might cause great problems for the expression in yeast and coli and should in any case be substituted. Thus, an epitope should preferably be placed in this domain in all constructions (perhaps leaving it intact in 1 construction as it contains several CTL epitopes and because it is somehow involved in transmission of signals upon ligand binding).

The extracellular domain could principally be kept intact by placing P2 and P30 in the intracellular and transmembrane domains, thereby maximising the number of potential B-cell epitopes and interfering as little as possible with the structure. However, the high degree of homology to EGFR and Her-3 and Her-4 make a risk for cross reactivity to these receptors which may (or may not) be undesirable. In addition, some monoclonal antibodies have been described which function as agonists for the receptor (perhaps by stimulating

20 heterodimerisation or ligand binding) and increase tumour size, in vivo. Positions in the extracellular domain have therefore been selected which thereby hopefully will reduce these risks.

This selection has involved all of the before mentioned para25 meters and has been based on two different assumptions: (i)
Insertion in non-conserved (with respect to related receptors)
regions will help to maintain the tertiary structure and might
reduce unwanted activation by antibodies. (ii) Insertion in
the well conserved regions can alter the structure, but might
30 at the same time reduce the risk of cross reactivity by destroying the most related sequences. Both assumptions are
speculative, but as it is very difficult to predict the effect

of placing an epitope in any position of the protein some of these positions have been included in the constructions.

It has been speculated that it could be an advantage to remove the two cysteine rich domains completely. These are predicted to form solvent exposed loop structures and could form independent folding units perhaps involved in dimerisation (as indicated by the many cysteines that could serve to keep a rigid structure necessary to form a dimerisation domain). Deleting these structures might therefore eliminate the risk of activation by antibodies as well as reduce the number of cross reacting antibodies as these domains are the most well conserved of the extracellular part of the protein. In addition, such cysteine risch domains could be problematic to produce in *E. coli* or yeast cells.

15 The details of constructs are as follows using the P2 and P30 epitopes as non-limiting examples: the P2 epitope will primarily be placed in the extracellular domain of Her2 in combination with the P30 epitope substituting part of or all of the membrane spanning region. The P2 epitope will be placed in regions based on the criteria discussed above. The preferred constructs have the following structures:

Construct name	Position of P2	Position of P30	Length
hHER2MA2-1A	59-73	632-652	795
hHER2MA2-2A	103-117	632-652	795
5 hHER2MA2-3A	149-163	632-652	795
hHER2MA2-4A	210-224	632-652	795
hHER2MA2-5A	250-264	632-652	795
hHER2MA2-6A	325-339	632-652	795
hHER2MA2-7A	369-383	632-652	795
0 hHER2MA2-8A	465-479	632-652	795
hHER2MA2-9A	579-593	632-652	795
hHER2MA2-1B	59-73	661-675	795
hHER2MA2-2B	103-117	661-675	795
hHER2MA2-3B	149-163	661-67.5	795

	Construct name	Position of P2	Position of P30	Length
	hHER2MA2-4B	210-224	661-675	795
	hHER2MA2-5B	250-264	661-675	795
	hHER2MA2-6B	325-339	661-675	795
	hHER2MA2-7B	369-383	661-675	795
5	heer2MA2-8B	465-479	661-675	795
	hHER2MA2-9B	579-593	661-675	795
	hHER2MA2-1Y	59-73	710-730	795
	hHER2MA2-2Y	103-117	710-730	795
	hHER2MA2-3Y	149-163	710-730	795
10	hHER2MA2-4Y	210-224	710-730	795
	hHER2MA2-5Y	250-264	710-730	795
	hHER2MA2-6Y	325-339	710-730	7,95
•	hHER2MA2-7Y	369-383	710-730	795
	hHER2MA2-8Y	465-479	710-730	795
15	hHER2MA2-9Y	579-593	710-730	795
	hHER2MA2-Z	695-709	710-730	795
	hHER2MA2-C	653-667	632-652	795
	hHER2MA2-BX	695-709	661-675	795
	hHER2MA2-AX	695-709	632-652	795
20	hHER2MA2-4E	210-224	5-25	795
	hHER2MA2-6E	325-339	5-25	795
	hHER2MA2-8E	465-479	5-25	795
	hHER2MA5-4D	210-224	632-652°	666
	hHER2MA5-6D	325-339	632-652°	666
25	hHER2MA5-8D	465-479	632-652*	666
	hHER2MA6-C	653-667	632-652	702

Position of the epitope indicates the first and the last amino acid position of the epitope relative to the start point of mature Her2. Length is the length in amino acids of the complete construct. In all constructs except those were position is indicated with *, the epitope substitutes an amino acid strecth of the same length as the epitope. "*" Indicates that the epitope is inserted rather than substituted into Her2. All constructs listed above are therefore truncates of mature

35 Her2, where the omitted part is from the C-terminus.

Most of the constructions exist in different versions, e.g. in pcDNA3.1+ vector in fusion with the natural HER2 signal pep-

WO 00/20027 PCT/DK99/00525

134

tide sequence, in the vector pMT/BiP/V5-His-A as a fusion with the BiP leader peptide for expression in Drosophila cells and without leader sequence in the pET28b vector for expression in E. coli cells.

- 5 Below are described the models that are intended for use in the screening and selection of modified Her2 proteins.
- Induction of antibodies in transgenic rat Her2 mice and in rabbits to rat and human Her2, respectively, will be investigated by conventional ELISA technology after at least three immunisations. Commercially available antibodies to human and rat Her2 will be used as positive controls.
 - 2. These rabbit antibodies will be used to study the putative inhibition of growth of human and transgenic mouse tumour cells overexpressing Her2 in an *in vitro* model.
- 15 3. T cell proliferation of PBL from tetanus immunised patients towards selected human Her2 molecules will be investigated by conventional methods.
- The ability of modified rat Her2 molecules to induce CTL responses in rat Her2 transgenic mice will be studied using tumours from these mice as targets.
 - 5. It is intended to synthesise a selected set of peptides in the transmembrane region of human Her2 encompassing P2 and P30 epitopes. These peptides will be tested in proliferation of PBL from humans previously immunized with tetenus toxoid to determine whether P2 and P30 epitopes could be efficiently processed out from within the Her2 sequences and presented to T cells.

25

WO 00/20027 PCT/DK99/00525

135

6. It is quite possible that selected human modified Her2 proteins will be tested to generate neutralising antibodies in a mouse that has been genetically constructed to only expresses human VDJ genes. Such a mouse is available from Abgenix, Fremont, CA, U.S.A. as a collaboration.

5

Four well-characterised transgenic mouse models for breast cancer that contains rat Her2 oncogene have been described.

The first three transgenic mice express activated Her2 oncogene while the fourth model utilises inactivated Her2. All models utilise an MMTV promoter to drive expression in mammary glands.

We have decided to use two transgenic mice models: 1) a more aggressive tumour model described by Muller et al using activated Her2 oncogene (Muller et al, 1989) and 2) a less aggressive tumour model in which inactivated Her2 is used to create focal mammary tumours with long latency (Guy et al, 1992). Both transgenic mice are purchased from Jackson and/or Charles Rivers Laboratories.

In the initial experiments, these mice are allowed to produce antibodies and CTL responses by immunising and boosting with modified rat Her2 proteins. Incidence of tumours will then be investigated as described by others (Muller et al, 1989; Guy et al, 1992; Katsumata et al, 1995). Antibody levels will be measured by an ELISA assay. The CTL activity would be determined by generating target cells expressing rat Her2 as mentioned above.

Alternatively, the nude mouse xenograft carcinoma model can be used for passive vaccination experiments. Nude mice can be transplanted with human tumours and inhibition of tumours occuld be attempted with passive transfer of serum from normal or humanised mice immunised with modified Her2 proteins. While

this would be useful for studying the role of antibody in suppressing tumours, CTL activity cannot be directly measured in this system.

In the second *in vivo* model, tumours in mice would also be generated by transplanting cells lines from tumours of transgenic mice described above. Cell lines generated from these mice would be transferred into relevant mouse strain and localisation established using standard protocols.

Transfer of mouse tumours cells over expressing rat Her2:

10 In this system, cells will be transfected with rat genes and transferred into MHC compatible mice. Inhibition of tumour growth would be achieved by generating anti-Her2 responses.

In these systems; modified Her2 proteins would be used as vaccine in adjuvants to generate antibodies and CTL responses.

- 15 DNA vaccination has been used successfully in several systems to mount an effective immune response. We are currently investigating means of DNA delivery using modified self proteins. It is our intention to utilise DNA vaccination approach to determine effects of modified Her2 constructs in inhibiting 20 tumours in transgenic mouse models of breast cancer. Similar approach can than possibly be applied in humans for the treat-
 - EXAMPLE 3

ment of this disease.

Production of an anti-FGF8b vaccine

25 In the following it will be described how a human autovaccine against FGF8b can be developed through modification of the molecule by insertion of one or more promiscuous foreign T

cell epitopes to reveal a panel of immunogenized "FGF8b" molecules. The constructs will be tested for their ability to induce antibodies that are cross-reactive with the authentic parts of the FGF8b molecule. Subsequently, in several in vitro assays and in vivo animal models the efficacy of the different constructs will be evaluated. The induced antibodies will be tested for their ability to activate complement via the classical pathway and to initiate ADCC via Fc-receptors. Finally, the different molecules will be tested in animal models of human prostate and breast cancers.

Construction of an autovaccine against FGF8b

Due to the complete identity of the murine and human FGF8b polypeptides, all constructs can be used for experiments in both humans and mice.

- 15 The promiscuous tetanus toxoid T helper cell epitopes P2 and P30 used with success in the human TNFα vaccine will be inserted into the FGF8b polypeptide. Due to the small size of FGF8b, constructs will be made with one epitope per molecule. Other promiscuous T helper cell epitopes such as the influenza haemagglutinin epitope HA(307-319) and other T-cell epitopes discussed herein could also be considered (O'Sullivan 1991).
 - 4 different immunogenized FGF8b constructs have been made, with the epitopes distributed along the molecule. These four constructs are made on the basis of multiple and pairwise
- 25 alignments of the FGF family of proteins. A pairwise alignment of FGF2 and FGF8b is used as basis for an analysis of the presumed secondary structure (i.e. beta-sheet distribution) along the FGF8b molecule. The residues that are conserved between FGF2 and FGF8b does not cluster anywhere on the
- 30 three-dimensional structure, which indicates that there are no particular regions of the molecule that cannot be replaced

without having deleterious effects on the folding capabilities. The amino acid residues in FGF2 that align to the cysteine residues in FGF8b are positioned very close to each other three-dimensionally, indicating that they form a disulfide bond in FGF8b, and that the alignment is correct. The flexibility of the N-terminal part of FGF2 was also considered.

The variant of FGF8b with the P30 epitope in the N-terminal (F30N) was designed on the basis of no-gap alignments of the 10 amino acid residues of the FGF8b protein and the P30 epitope (SEQ ID NO: 14), and scoring the different positions with regard to chemical properties of every amino acid residue. Only the region N-terminally of the predicted beta-barrel structure was considered. In the case of F30N, there are 9 similar out of 21 residues. Using this pseudo-algorithm, the substitutions would be expected to result in minimal overall structural changes. The sequences of the four different constructs, as well as three-dimensional representations of the replaced amino acids are shown in Figure 6.

20 The variant of FGF8b with the P2 epitope (SEQ ID NO: 12) in the C-terminal (F2C) was initially designed as F30N. There is, however, predicted a good Kd epitope at positions 195-203. Therefore, the P2 epitope is inserted just C-terminal of this epitope. Again, only the region C-terminal of the predicted beta-barrel was considered.

The internal variants of FGF8b (F30I and F2I) were constructed by replacing external loops in the FGF2 structure with the epitopes P2 and P30, respectively, whereby the beta-barrel structural backbone of the FGF structure presumably will remain unchanged.

WO 00/20027 PCT/DK99/00525

The immunogenized FGF8b molecules have been expressed in Eschericia coli, which facilitates large scale production of the proteins at minimal costs. Although, FGF8b contains two potential N-glycosylation sites (Asn3l and Asn177), bacterially expressed recombinant FGF8b has been shown to be biologically active (MacArthur 1995a, Blunt 1997). In order to facilitate purification and refolding, the FGF8b variants have been produced in a His-tagged version, thereby rendering coupling to a Ni-charged column possible.

10 Purification of the molecules has been performed utilizing the high positive charge of the protein molecules or the His-tag, and refolding will be performed using standard procedures taking the formation of the disulfide bridge into account.

The four immunogenized molecules have also together with the 15 wild type FGF8b cDNA been inserted into DNA vaccination vectors.

Screening and selection of the modified FGF8b molecules

The four immunogenized FGF8b molecules have been expressed in bacteria and subsequently purified from inclusion bodies. In 20 parallel, the constructs will be used as DNA vaccines. The different constructs will then be compared for their ability to induce various effects, which are desired in the treatment of prostate and breast cancer patients. Such investigations will be performed using several different in vitro and in vivo assays. Finally, the results of the experiments will form the basis for the ultimate selection of one or two candidates for a FGF8b vaccine in humans.

WO 00/20027 PCT/DK99/00525

140

in vitro models

Analyses in the murine system

Mice of different haplotypes as well as rabbits will be immunized with the different FGF8b constructs in Complete Freund's Adjuvant and subsequently boosted at least twice with the same antigens emulsified in Incomplete Freunds Adjuvant. Thus, the ability of the different constructs to break B-cell tolerance can be compared. DNA vaccination will be performed on other animals using purified DNA in Complete Freund's Adjuvant / Incomplete Freund's Adjuvant injected intra muscularly with 14 day intervals.

Serum samples will be obtained at several time points during the immunization schedule, and the ability of the different constructs to induce FGF8b specific antibodies will be determined using a conventional ELISA method (Rochon 1994). A commercial polyclonal antiserum, as well as a commercial monoclonal antibody raised against FGF8b (R&D), would be used for positive controls. The FGF8b protein is commercially available (R&D) but will also be produced along with the other FGF8b constructs and subsequently purified/refolded. This product can then be used for coating of plates in a direct ELISA for testing the sera from mice/rabbits immunized with FGF8b variant proteins.

A valuable tool for investigating the effects of vaccinating
25 against FGF8b will be a FGF8b dependent cancer cell line.

Several FGF8b positive cancer cell lines, e.g. MCF-7 or SC-3,

are described in the literature. Such a FGF8b dependent murine

cancer cell line will be identified using quantitative RT-PCR,

cell proliferation experiments, and STAT-3 phosphorylation
30 assays.

The presence of FGF8b ligated to a FGF receptor on the cell surface will be detected with FGF8b specific antibodies in FACS or ELISA analysis. Antibodies directed against several of the different FGF receptors are commercially available (R&D).

- 5 The constructs will be compared with respect to their ability to induce antibodies capable of activating complement lysis of FGF8b producing / bearing cells. This can be detected with one of the mouse tumor cell lines expressing FGF8b described earlier or, alternatively using osmotically FGF8b-loaded
- 10 cells. Sera from normal or transgenic mice (see below) immunized with the human FGF8b constructs will be incubated with the cell line and subsequently incubated with fresh guinea pig complement. Antibody mediated complement lysis of the cells can be detected by standard procedures.
- 15 The ability of the induced antibodies to mediate ADCC can be studied by measuring the 51Cr-release from labeled FGF8b expressing cells. The effector cells will be PBMC from syngeneic mice. For establishing the assay, it may be convenient to use a mouse cell line capable of mediating ADCC (positive for
- 20 Fc(-receptors) as effector cell with an antibody against human FGF8b.

In order to show that the FGF8b candidate vaccines do not somehow promote autoantibody induced tumor growth we will also perform a tumor proliferation assay. Serum samples from immu25 nized mice will be incubated with FGF8b expressing tumor cells. Proliferation of the tumor cells can then be detected by their ability to incorporate 3H-thymidine, which subsequently is added to the cells.

Since FGF8b is known to induce proliferation of a range of 30 mammalian cells, it will also be necessary to examine the growth promoting effects of the variant proteins. This can be done using cell proliferation assays as the one used by Marsh 1999.

The biological effect of FGF8b on mammalian cells should be neutralized by the autoantibodies. This can be demonstrated by using recombinant FGF8b and e.g. NIH3T3 in cell proliferation (and morphology changes) studies. Addition of the autoantibodies should abolish the transforming activity of FGF8b.

Immunization protocol

The number of animals that are to enter a FGF8b AutoVac immunization experiment must depend on the expected penetrance of
the disease in the model, and thus, the numbers needed to
obtain statistically significant information. The immunization
protocol must be based on the experience we have from the TNFa
AutoVac project. Various immunization protocols have been used
for immunizing mice with the various TNFa analogs for specific
purposes, but most experiments were performed using the following protocol:

- The mice should be individually marked either by earmarks or with transponders, 10 animals in each cage. Presumably,
 males and females must be evaluated separately, but in any case, we will not have both sexes in the same cage. The animals should be left to rest at least 3 days after transport and marking.
- 2. Antigen 1 mg/ml in PBS buffer was emulsified with an equal volume Freunds complete antigen (CFA) (Difco or Sigma). The emulsion is checked by placing a drop of the emulsion on a water surface and it is observed whether the drop holds together or disperses. Mixing is maintained until the drop does not disperse.

- 3. The standard immunization dose is 100 μ g antigen in a 100 μ l volume + 100 μ l of adjuvant. Thus, the total immunization volume is 200 μ l, administered s.c. (sub cutaneously) over the back of the animal.
- 5 4. Boostings are performed 2-3 weeks after the primary immunization, and subsequently at 2-3 week intervals. The boosting/immunization material is prepared and administered exactly as the immunization material, but Freunds incomplete adjuvant is used. Probably three boosts will induce the maximal titer.
- 10 Thus, the highest titers will be obtained 6-9 weeks after the first immunization.
- 5. Bleedings are orbital bleeds of 50-100 µl usually taken before the first immunization and one week after each boosting. Tail bleeds can also be used, and 10-20 µl can be sufficient for titre determinations.

The initiation point of the immunization program will depend on the development of the disease, and the strategy we want to adopt. Initially, we suggest that it is attempted to generate the maximal immunity as soon as possible, but it is difficult

- 20 to start immunizations sooner than at approx. 5 weeks of age. Hereafter, high titres should be maintained by boosting at 6-8 week intervals, after the three initial boosts. There is a potential problem if the FGF8b is necessary for the normal development of the young mouse, and therefore one could argue
- 25 in favor of starting the immunizations later in the adult mouse.

Analyses in the human system

In the selection between the different FGF8b constructs the ability of human antigen presenting cells to present the 30 inserted immunogenic T cell epitopes to human T cells will be

investigated. This will be done by using the same in vitro processing assays for P2 and P30 presentation that were used for the TNFa vaccine. Human T cell lines, which are specific for P2 and P30, will be established from donors vaccinated against tetanus. Antigen presenting cells (PBMCs) from the same donors will be incubated with the different constructs and T cell lines will be added. The level of presentation of the inserted T cell epitopes can then be compared by measuring the stimulation of the T cell lines.

10 in vivo animal models

At least three different systems can be used to monitor whether the induced FGF8b antibodies are capable of controlling a FGF8b dependent *in vivo* effect.

Mice will be transplanted with murine FGF8 expressing tumor cells, and inhibition of tumor progression will be assayed with autovaccination using the modified FGF8b proteins or FGF8b DNA vaccines. The ideal system involves the use of cells isolated from murine tumors. Alternatively, we will use other murine cell lines (e.g. Balb/3T3) stably transfected with the 20 FGF8b cDNA in an expression vector.

The mouse xenograft carcinoma model will be used for passive vaccination experiments. Nude mice will be transplanted with human tumors, and inhibition of tumors would be attempted with transfer of serum from normal or humanized mice immunized with 25 modified FGF8b proteins or FGF8b DNA vaccines. This would be very useful for studying the ability of the raised antibodies to suppress tumors.

Another approach to achieve proof of concept will involve the use of mice transgenic for FGF8b. These mice, that are carry30 ing the FGF8b cDNA under control of the very specific mouse

mammary tumor virus (MMTV) promoter, are shown to spontaneously develop FGF8b expressing mammary tumors (Coombes personal communication). Autovaccination of these mice with the
FGF8b variant proteins or FGF8b DNA vaccines would enable us
to show if the autovaccine will enable the mice to suppress or
reject the tumors.

A possible approach to obtain proof of concept would be to use the Wnt-1 transgenic mice (MacArthur 1995c). Induction of breast cancers by MMTV virus is reported to activate FGF8

10 expression in more than half of the mice developing tumors.

FGF8b-dependency of the tumors, could be established if our autovaccine(s) could suppress the incidence or growth rate of the tumors.

The fact that transgenic mice often show non-physiological
15 immunological tolerance patterns will most likely not affect
this project since the FGF8b polypeptides are identical for
human and mouse.

When, a beneficial effect of the FGF8b immunizations eventually has been demonstrated in the mouse model and suitable human vaccine candidates have been selected it will be possible to perform a limited number of toxicology studies. Subsequently, to obtain a final proof of concept, vaccine studies on breast, and prostate cancer patients can be carried out.

Importantly, if the experiments using in vivo models have
25 positive outcome, more mutants will be constructed based on
the data available.

146

EXAMPLE 4

Preparation of MUC-1 analogue

Only one MUC-1 autovac molecule has been made. This comprises, in total, nine mucin repeats each having the sequence SEQ ID NO: 33. The construction starts with three such sequences, followed by a P2 epitope, followed by three more mucin sequences, followed by a P30 epitope, ended by three mucin sequences.

The construction has been made with and without an N-terminal UNI-his tag (SEQ ID NO: 23). Both variants have been expressed in E. coli. The identity of the expressed protein has been confirmed both by Western blotting and N-terminal sequencing. The protein is expressed in soluble form, but as a dimer which is somewhat surprising.

15 The HIS-tagged MUC-1 molecule has been purified by metal affinity chromatography. The amount of pure protein and the purity is currently unknown.

EXAMPLE 5

Breaking of autotolerance in a murine model system

20 CTL experiments where mice have been immunised with dendritic cells pulsed with both a class I and a class II epitope have previously shown an enhanced CTL induction when immunising as well as restimulating in vitro with both a class I and a class II peptide compared to an immunisation and re-stimulation with just a class I epitope. This situation is comparable with immunisation with an autovaccine, where a foreign class II epitope is inserted in a self protein. Uptake and processing

PCT/DK99/00525

of these molecules by professional antigen precenting cells such as dendritic cells, leads to presentation of the foreign class II epitope together with some self class I epitopes. It is known that it is possible to elicit autoreactive CTL's, but the presence of a foreign class II helper epitope very likely should enhance this CTL induction.

The potential advantage of the present invention for induction of self reactive CTLs is currently being investigated in ovalbumin transgenic mice. There exist four different trans
10 genic lines with different ovalbumin expression levels and tolerance states, cf. Kurts C et al. 1997, J. Exp. Med. 186: 239-245 disclosing the RIP-mOVA transgenic mouse (expressing ovalbumin in pancreas, kidney and thymus and having a high degree of tolerance) and Kurts C et al., 1998, J. Exp. Med.

15 188: 409-414 disclosing the RIP-OVAlow and RIP-OVAhigh transgenic mice, having low and high expression of ovalbumin, respectively. The last line, RIP-OVAint which expresses ovalbumin at an intermediary level has been obtained from Dr. William R. Heath, co-author of the two above-mentioned references.

20 In the body there are different degrees of tolerance to different antigens. One of the least degrees of tolerance is found on circulating antigens in large amounts. These antigens will all enter thymus, where self reactive T-cells are deleted. These antigens are under "central tolerance". Tissue specific antigens, on the other hand, do not directly enter the thymus and is generally under "peripheral tolerance", exerted by e.g. T-cell anergy.

Two ovalbumin AutoVac constructs have produced. They both relate to the sequence with accession No: J00845 in EMBL where 30 the sequence from P30 (SEQ ID NO: 14) have been inserted in two different positions.

WO 00/20027 PCT/DK99/00525

148

In construct "OVA 3.1", P30 is inserted in the position that correspond to amino acid nos. 272-292 in ovalbumin. In construct "OVA 3.2", P30 is inserted in the position that corresponds to amino acid nos. 321-341 in ovalbumin. These constructs have been inserted in the vector pVax1 and used for DNA immunisation.

Mice have been immunised intradermally once with 100 ug each of DNA. Three weeks after this immunisation, the spleens were removed and a CTL assay was set up using target cells expres
10 sing the dominant ovalbumin epitope SIINFEKL and the scrambled FILKSINE peptide as control. The immunizations provided a clear CTL induction in wild-type C57BL/6 mice - as expected, since both ovalbumin and P30 are foreign in these mice.

We now intend to immunise the 4 lines of ovalbumin transgenic

15 mice with these AutoVac constructs. The RIP-OVA^{low}, RIP-OVA^{int},

and RIP-OVA^{high} express increasing amounts of ovalbumin and have
different degrees of tolerance and, as mentioned above, also
RIP-mOVA has a high degree of tolerance.

In these 4 lines of transgenic mice, only P30 will be foreign.

20 Ovalbumin is a self-antigen in these mice and this situation will therefore constitute a true autovaccination for CTL induction towards ovalbumin.

Preliminary results obtained in RIP-OVA^{low} mice having the lowest degree of "peripheral tolerance" to ovalbumin demon25 strated that both the ovalbumin with inserted P30 and the naturally occurring ovalbumin molecules were capable of inducing CTL responses - it is expected that transgenic mice having higher degrees of tolerance will only be capable of mounting a CTL response against the modified ovalbumin mole30 cules and not the naturally occurring form.

LIST OF REFERENCES

Ago H et al. (1991). J Biochem (Tokyo), 110, 360-3.

Abdel-Nabi H et al. (1992). Sem. Urol. 10, 45-54.

Acevedo et al. (1995), Cancer 76; 1467-1475.

5 Acevedo et al. (1997), Cancer Detect. Prev. 21; 295-303.

Adelstein S et al. (1991), Science 251: 1223-1225.

Babaian RJ et al. (1994), J. Urol 152, 1952-1955.

Barnard_JA et_al. (1995) Gastroenterol. 108(2):564-580.

Bier H et al. (1995), Eur. Arch. Otorhinolaryngol. 252(7): 10 433-9.

Bouchard L et al. (1989), Cell 57(6): 931-36.

Blaber M et al. (1996), Biochemistry 35, 2086-94.

Blunt AG et al. (1997), J Biol Chem 272, 3733-8.

Boring CC et al. (1993), CA Cancer J. Clin. 43:7-26.

- 15 Boucher et al. (1995), Hum. Pathol. 26; 1201-1206.
 Callahan R (1996), Breast Cancer Res Treat, 39, 33-44.
 Carter RE (1996), Proc. Natl. Acad. Sci. U.S.A., 93, 749-753.
 Chang et al., (1981), Fertil. Steril. 36; 659-663.
 Chantry A, 1995, J.Biol. Chem. 270(7): 3068-73.
- 20 Crossley PH et al. (1996b), Cell, 84, 127-36.
 Crossley PH et al. (1995), Development, 121, 439-51.
 Crossley PH, Martinez, S. and Martin, G.R. (1996a) Midbrain development induced by FGF8 in the chick embryo. Nature, 380, 66-8.
- 25 Dean C et al. (1994), Int. J. Cancer, suppl 8: 103-107.
 Dillioglugil Ö et al. (1995), Eur. Urol. 28, 85-101.
 Doi et al. (1996), Int. J. Cancer 65; 454-459.

Douglas TH et al. (1995), J. Surg. Oncol. 59(4), 246-250.

Earp HS et al. (1995), Breast Cancer Res. Treat. 35(1):115-32.

Eccles SA (1994), Invasion Metastasis 14 (1-6):337-48.

Eppenberger U et al. (1994),. J. Neurooncol. 22(3):249-54.

5 Dorkin TJ et al. (1999), Oncogene 18: 2755-2761.

Eriksson AE et al. (1993), Protein. Sci. 2: 1274-84.

Fernandez-Teran M. et al. (1997), Dev. Biol. 189, 246-55.

Fujii K et al. (1995), Exp. Cell. Res. 216(1): 261-72.

Furst J et al. (1994), Urol. Res. 22, 107-113.

10 Furthauer M et al. (1997), Development 124: 4253-64.

Geissler et al. (1997), Lab. Invest. 76: 859-871.

Gemel J et al. (1996), Genomics 35: 253-7.

Ghosh AK et al. (1996), Cell Growth Differ 7: 1425-34.

Goldfarb M et al. (1996), Cytokine Growth Factor Rev 7: 311-25.

Goodnow CC et al. (1988), Nature 334: 676-682.

Goodnow CC et al. (1991), Nature 352: 532-536.

Greenberg NM et al. (1995), Proc. Natl. Acad. Sci. USA 92: 3439-3443.

20 Guy CT et al. (1992), Proc. Natl. Acad. Sci, USA 89: 10578-10582.

Heikinheimo M et al. (1994),. Mech Dev, 48: 129-38.

Henttu P and Vihko P (1989), Bioch. Biophys. Res. Comm. 160: 903-910.

25 Hopp TP and Woods KR (1983), Mol. Immunol. 20: 483-9.

Horoszewicz JSH et al. (1983), Cancer Res. 43: 1803-1818.

Horoszewicz JSH et al. (1987), Anticancer Res. 7: 927-936.

Hoshikawa M et al. (1998), Biochem Biophys Res Commun 244: 187-91.

Husmann I et al. (1996), Cytokine Growth Factor Rev 7: 249-58.

Israeli RS et al. (1994), Cancer Res. 54: 1807-1811.

Israeli RS et al. (1993), Cancer Res. 53: 227-230.

Israeli RS et al. (1994), Cancer Res. 54: 6306-6310.

5 Jacoby et al. (1984), Adv. Immunol. 35: 157-208.

Johnson RL and Tabin CJ (1997), Cell 90: 979-90.

Kahn D et al. (1994), J. Urol. 152: 1490-1495.

Kapoun AM and Shackleford GM (1997), Oncogene 14: 2985-9.

Kettunen P and Thesleff I (1998), Dev Dyn 211: 256-68.

10 Koga M et al. (1995), J Steroid Biochem Mol Biol 54: 1-6.

Kouhara H et al., (1994), Oncogene 9: 455-62.

Kozak M (1991), J Cell Biol 115: 887-903.

Lapthorn et al. (1994), Nature 369: 455-461.

Lazar et al. (1995), Cancer Res. 55: 3735-3738.

- 15 Leek J et al. (1995), British Journal of Cancer 72: 583-588.
 - Leung HY et al. (1996), Oncogene 12: 1833-5.

Lopes AD (1990), Cancer Res. 50: 6423-6429.

Loric S et al. (1995), Clin.Chem. 41(12): 1698-1704.

Lupu R et al. (1995), Semin. Cancer. Biol. 6: 135-145.

- 20 MacArthur CA et al. (1995a), Cell Growth Differ 6: 817-25.
 - MacArthur CA et al. (1995b), Development 121: 3603-13.

MacArthur CA et al. (1995c), J Virol 69: 2501-7.

Manabe et al. (1985), Gastroenterology 89: 1319-1325.

Marsh SK et al. (1999), Oncogene 18, 1053-1060.

25 Martin L et al. (1993), J. Immunol. 150(49): 1234-43.

Mattei MG et al. (1995), Mamm Genome 6: 196-7.

McDonnell WM and Askari FD (1996), New Engl. J. Med 334: 42-45.

Meyers EN et al. (1998), Nat Genet 18: 136-41.

Milich DR et al. (1994), J. Immunol. 153(1): 429-435.

5 Milner PG et al. (1989), Biochem Biophys Res Commun 165: 1096-103.

Miyashita Y et al. (1994), Jpn J Cancer Res 85: 1117-23.

Modjtahedi H et al. (1993a), Br. J. Cancer 67(2): 254-261.

Modjtahedi H et al. (1993b), Cell. Biophys. 22(1-3): 129-46.

10 Modjtahedi H et al. (1996), Br. J. Cancer 73(2): 228-35.

Moy FJ et al. (1996), Biochemistry, 35: 13552-13561.

Muller WJ et al. (1988), Cell 54(1): 105-115.

Murphy GP et al. (1996), Prostate 28: 266-271.

Murphy GP et al. (1995), Prostate 26: 164-168.

15 Murphy GP et al. (1995), Anticancer Research 15(4): 1473-1379.

Nguyen L et al. (1990), Clin. Chem. 35: 1450-1455.

Nonomura N et al. (1990), Cancer Res 50: 2316-21.

O'Sullivan D et al. (1991), J. Immunology 147: 2663-9.

Ohnishi Y et al. (1995), Br. J. Cancer 71(5): 969-73.

20 Ohuchi H et al. (1997a), Development 124: 2235-44.

Ohuchi H et al. (1997b), Mech Dev 62: 3-13.

Ohuchi H et al. (1994), Biochem Biophys Res Commun 204: 882-8.

Payson RA et al. (1996), Oncogene 13: 47-53.

Pillai et al. (1996), FEBS Lett. 387: 23-26.

25 Pollard M and Luckert PH (1994), Anticancer Res. 14: 901-903.

Prigent SA and Lemoine NR (1992), Progress in Growth Factor Research 4: 1-24.

R&D focus, Drug News, (1996) 5, 21, 9.

153

Rammensee H-G. et al. (1995), Immunogenetics 41: 178-228.

Regelson W (1995), Cancer 76: 1299-1301.

Ries LAG et al. (1996), SEER Cancer Statistics Review, 1973-1993: Tables and Graphs, National Cancer Institute, 5 Bethesda, MD.

Rinker-Schaeffer CW et al. (1995), Genomics, 30(1): 105-108.

Rochon YP et al. (1994), Prostate 25: 219-223.

Rock KL et al. (1996), Vaccine 14: 1560-1568.

Rock KL and Clark K (1996), J. Immunol. 156: 3721-3726.

10 Rudra-Ganguly N et al. (1998), Oncogene 16: 1487-92.

Salomon DS et al. (1995), Critical reviews in Oncology/Hematology 19: 183-232.

Sato B et al. (1993), J Steroid Biochem Mol Biol 47: 91-8.

Schlegel J et al. (1994), J. Neurooncol. 22(3): 249-54.

15 Schmitt JF et al. (1996), J Steroid Biochem Mol Biol 57: 173-8.

Sheaff et al. (1996), J. Clin. Pathol. 49: 329-332.

Sherman L et al. (1998), Genes Dev 12: 1058-71.

Shimamura K and Rubenstein JL (1997), Development 124: 20 2709-18.

Shirai A and Klinman DM (1993), AIDS Res. Hum. Retroviruses 9, 979-983.

Sokoloff M et al. (1996), Cancer 77(9): 1862-1872.

Steinhoff U et al. (1994), Eur. J. Immunol. 24(3): 773-76.

25 Stevens VC (1986), Ciba Found. Symp. 119: 200-225.

Su SL et al. (1995), Cancer Res. 55: 1441-1443.

Syrigos et al. (1998), Gut 42: 88-91.

Talwar et al. (1976), PNAS 73: 218-222.

Talwar et al. (1994), PNAS 91: 8532-8536.

Tanaka A et al. (1992), Proc Natl Acad Sci USA 89: 8928-32.

Tanaka A et al. (1998), Cancer Research 58: 2053-56.

Tanaka A et al. (1995), FEBS Lett 363: 226-30.

Thomas H et al. (1996), Br. J. Cancer, 73(1): 65-72.

5 Tjoa B et al. (1996), Prostate 28: 65-69.

Tjoa B et al. (1995), Prostate 27: 63-69.

Tokunaga A et al., (1995), Cancer 75(6 suppl.): 1418-25.

Tosi E et al. (1995), Int. J. Cancer 62(5):643-50.

Triozzi et al. (1994), Int. J. Onc. 5: 1447-1453.

10 Troyer JK et al. (1995), Int. J. Cancer 62: 552-558.

Valone FH et al. (1995), J. Clin. Oncol. 13(9): 2281-92.

Valve E et al. (1997), Biochem Biophys Res Commun 232: 173-7.

van Dam PA et al. J. Clin. Pathol. 1994 47(10): 914-19.

Weiner LM et al. (1995), Cancer Res. 55(20): 4586-4593.

15 Wright GL Jr et al. (1996), Urology 48: 326-334.

Wu J et al. (1997), J Steroid Biochem Mol Biol 62: 1-10.

Wu X et al., Fan, Z., Masui, H., Rosen, N., Mendelsohn, J. Apoptosis induced by an anti-epidermal growth factor receptor monoclonal antibody in a human colorectal carcinoma cell line 20 and its delay by insulin.

Wynant GE et al. (1991), Prostate 18: 229-241.

Xu X et al. (1998), Development 125: 753-65.

Yamanishi H et al. (1995), J Steroid Biochem Mol Biol 52: 49-53.

25 Yogeeswaran and Salk (1981), Science 212: 1514-1516.

Yokoyama H et al. (1998), Dev Biol 196: 1-10.

Yoshimura K et al. (1996), Cancer Lett 103: 91-7.

Yoshiura K et al. (1997), Am J Med Genet 72: 354-62.

Young RA and Davis RW (1983), Proc. Natl. Acad. Sci. U.S.A. 80: 1194-1198.

Yule TD (1993), J. Immunol. 151(6): 3057-3069.

Zhang JD et al. (1991), [published erratum appears in Proc 5 Natl Acad Sci USA 88(12):5477], Proc Natl Acad Sci USA 88, 3446-50.

Zhu Z et al. (1995), Int. J. Cancer 62(3): 319-324.

Zhu X et al. (1991), Science 251: 90-3.

CLAIMS

10

- A method for inducing an immune response against a polypeptide antigen in an animal, including a human being, said polypeptide antigen being weakly immunogenic or non-immunogenic in the animal, the method comprising effecting simultaneous
- 5 ic in the animal, the method comprising effecting simultaneous presentation by antigen presenting cells (APCs) of the animal's immune system of an immunogenically effective amount of
 - at least one CTL epitope derived from the polypeptide antigen and/or at least one B-cell epitope derived from the cell-associated polypeptide antigen, and
 - 2) at least one first T helper cell epitope (T_{H} epitope) which is foreign to the animal.
- 2. A method for down-regulating a cell-associated polypeptide antigen in an animal, including a human being, said polypeptide antigen being weakly immunogenic or non-immunogenic in the animal, by inducing a specific cytotoxic T-lymphocyte (CTL) response against cells carrying the cell-associated polypeptide antigen on their surface or harbouring the cell-associated polypeptide antigen in their intracellular compartment, the method comprising effecting, in the animal, simultaneous presentation by a suitable antigen presenting cell (APC) of
 - at least one CTL epitope derived from the cell-associated polypeptide antigen, and
- 25 2) at least one first T-helper lymphocyte (T_H) epitope which is foreign to the animal.

with an MHC Class II molecule on the surface of the APC.

3. The method according to claim 1 or 2, wherein said at least one CTL epitope when presented is associated with an MHC Class I molecule on the surface of the APC and/or wherein said at least one first foreign T_H epitope when presented is associated

- 4. The method according to any one of the preceding claims, wherein the APC is a dendritic cell or a macrophage.
- 5. The method according to any one of the preceding claims, wherein the polypeptide antigen is selected from a tumour- associated polypeptide antigen, a self-protein, a viral polypeptide antigen, and a polypeptide antigen derived from an intracellular parasite or bacterium.
- 6. The method according to any one of the preceding claims, wherein presentation by the APC of the CTL epitope and the 10 first foreign T_H epitope is effected by presenting the animal's immune system with at least one first analogue of the polypeptide antigen, said first analogue comprising a variation of the amino acid sequence of the polypeptide antigen, said variation containing at least the CTL epitope and the first foreign T_H epitope.
 - 7. The method according to claim 6, wherein the at least first analogue contains a substantial fraction of known and predicted CTL epitopes of the cell-associated polypeptide antique.
- 20 8. The method according to claim 7, wherein the substantial fraction of known and predicted CTL epitopes in the amino acid sequence of the analogue are recognized by at least 90% of the MHC-I haplotypes recognizing all known and predicted CTL epitopes in the cell-associated polypeptide antigen.
- 25 9. The method according to any one of claims 6-8, wherein substantially all known CTL epitopes of the cell-associated polypeptide antigen are present in the analogue and/or wherein substantially all predicted CTL epitopes of the cell-associated polypeptide antigen are present in the at least first analogue.

WO 00/20027 PCT/DK99/00525

158

- 10. The method according to any one of claims 6-9, wherein the at least one first analogue further comprises a part consisting of a modification of the structure of the cell-associated polypeptide antigen, said modification having as a result that immunization of the animal with the first analogue induces production of antibodies in the animal against the cell-associated polypeptide antigen.
- 11. The method according to any one of the preceding claims, which comprises effecting presentation to the animal's immune 10 system of an immunogenically effective amount of at least one second analogue of the polypeptide antigen, said second analogue containing a modification of the structure of the polypeptide antigen, said modification having as a result that immunization of the animal with the second analogue induces production of antibodies against the cell-associated polypeptide antigen.
 - 12. The method according to claim 11, wherein the modification comprises that at least one second foreign T_{H} epitope is included in the second analogue.
- 20 13. The method according to any one of claims 6-12, wherein the first and/or second analogue(s) comprise(s) a substantial fraction of the cell-associated polypeptide antigen's B-cell epitopes.
- 14. The method according to any one of claims 6-13, wherein 25 the variation and/or modification involves amino acid substitution and/or deletion and/or insertion and/or addition.
 - 15. The method according to any one of claims 6-14, wherein the variation and/or modification comprises that

WO 00/20027 PCT/DK99/00525

- at least one first moiety is included in the first and/or second analogue(s), said first moiety effecting targeting of the analogue to an antigen presenting cell (APC), and/or
- at least one second moiety is included in the first and/or
 second analogue(s), said second moiety stimulating the
 immune system, and/or
 - at least one third moiety is included in the first and/or second analogue(s), said third moiety optimizing presentation of the analogue to the immune system.
- 10 16. The method according to any one of claims 6-15, wherein the variation and/or modification includes duplication of at least one B-cell epitope or of at least one CTL epitope of the cell-associated polypeptide antigen
- 17. The method according to any one of claims 6-16, wherein 15 the variation and/or modification includes introduction of a hapten.
 - 18. The method according to any one of the preceding claims, wherein the first and/or second foreign T_{H} epitope(s) is/are immunodominant.
- 20 19. The method according to any one of the preceding claims, wherein the first and/or second foreign T_H epitope(s) is/are promiscuous.
 - 20. The method according to any one of claims 12-19, wherein the first and/or second foreign $T_{\rm H}$ epitope(s) is/are selected
- 25 from a natural $T_{\rm H}$ epitope and an artificial MHC-II binding peptide sequence.
 - 21. The method according to claim 20, wherein the natural $T_{\rm H}$ epitope is selected from a Tetanus toxoid epitope such as P2

or P30, a diphtheria toxoid epitope, an influenza virus hemagluttinin epitope, and a *P. falciparum* CS epitope.

- 22. The method according to any one of claims 12-21, wherein the first and/or second $T_{\rm M}$ epitopes and/or first and/or second 5 and/or third moieties are present in the form of
 - side groups attached covalently or non-covalently to suitable chemical groups in the amino acid sequence of the cell-associated polypeptide antigen or a subsequence thereof, and/or
- 10 fusion partners to the amino acid sequence derived from the cell-associated polypeptide antigen.
- 23. The method according to claim 22, wherein the first moiety is a substantially specific binding partner for an APC specific surface antigen such as a carbohydrate for which there is a receptor on the APC, e.g. mannan or mannose.
 - 24. The method according to any one of claims 15-23, wherein the second moiety is a cytokine selected from interferon γ (IFN- γ), Flt3L, interleukin 1 (IL-1), interleukin 2 (IL-2), interleukin 4 (IL-4), interleukin 6 (IL-6), interleukin 12
- 20 (IL-12), interleukin 13 (IL-13), interleukin 15 (IL-15), and granulocyte-macrophage colony stimulating factor (GM-CSF), or an effective part thereof; a heat-shock protein selected from HSP70, HSP90, HSC70, GRP94, and calreticulin (CRT), or an effective part thereof; or a hormone.
- 25 25. The method according to any one of claims 15-24, wherein the third moiety is a lipid such as a palmitoyl group, a myristyl group, a farnesyl group, a geranyl-geranyl group, a GPI-anchor, and an N-acyl diglyceride group.
- 26. The method according to claim any one of claims 6-25,
 30 wherein the first and/or second analogue(s) has/have substan-

tially the overall tertiary structure of the cell-associated polypeptide antigen.

- 27. The method according to any one of claims 6-26, wherein presentation by the APC is effected by administering, to the animal, an immunogenically effective amount of the at least one first analogue.
 - 28. The method according to claim 27, wherein is also administered an immunologically effective amount of the at least one second analogue.
- 10 29. The method according to claim 27 or 28, wherein said at least one first and/or second analogue(s) is/are formulated together with a pharmaceutically and immunologically acceptable carrier and/or vehicle and, optionally an adjuvant.
- 30. The method according to claim 29, wherein said adjuvant
 15 facilitates uptake by APCs, such as dendritic cells, of the at
 least first and/or second analogues.
- 31. The method according to claim 30, wherein the adjuvant is selected from the group consisting of an immune targeting adjuvant; an immune modulating adjuvant such as a toxin, a cytokine, and a mycobacterial derivative; an oil formulation; a polymer; a micelle forming adjuvant; a saponin; an immunostimulating complex matrix (ISCOM matrix); a particle; DDA; aluminium adjuvants; DNA adjuvants; γ-inulin; and an encapsulating adjuvant.
- 25 32. The method according to claim 31, wherein the cytokine is as defined as in claim 24, or an effective part thereof, wherein the toxin is selected from the group consisting of listeriolycin (LLO), Lipid A (MPL, L180.5/RalLPS), and heatlabile enterotoxin, wherein the mycobacterial derivative is

selected from the group consisting of muramyl dipeptide, complete Freund's adjuvant, RIBI, and a diester of trehalose such as TDM and TDE, wherein the immune targeting adjuvant is selected from the group consisting of CD40 ligand, CD40 antibodies or specifically binding fragments thereof, mannose, a Fab fragment, and CTLA-4, wherein the oil formulation comprises squalene or incomplete Freund's adjuvant, wherein the polymer is selected from the group consisting of a carbohydrate such as dextran, PEG, starch, mannan, and mannose; a plastic polymer such as; and latex such as latex beads, wherein the saponin is Quillaja saponaria saponin, Quil A, and QS21, and wherein the particle comprises latex or dextran.

- 33. The method according to any one of claims 27-32, which includes administration via a route selected from the oral route and the parenteral route such as the intradermal, the subdermal, the intracutaneous, the subcutaneous; the peritoneal, the buccal, the sublingual, the epidural, the spinal, the anal, and the intracranial routes.
- 34. The method according to any of claim 27-33, which includes 20 at least one administration a year, such as at least 2, 3, 4, 5, 6, and 12 administrations a year.
- 35. The method according to any one of claims 1-5, wherein presentation is effected by administering, to the animal, a non-pathogenic microorganism or virus which is carrying a nucleic acid fragment encoding and expressing the at least one CTL epitope and the at least one T_H epitope.
- 36. The method according to any one of claims 6-14, wherein presentation is effected by administering, to the animal, a non-pathogenic microorganism or virus which is carrying at least one nucleic acid fragment which encodes and expresses the at least first analogue.

WO 00/20027 PCT/DK99/00525

163

- 37. The method according to any one of claims claims 15-26, wherein the T_H epitope and/or the first and/or second and/or third moieties are present in the form of fusion partners to the amino acid sequence derived from the cell-associated polypeptide antigen, and wherein presentation is effected by administering, to the animal, a non-pathogenic microorganism or virus which is carrying at least one nucleic acid fragment encoding and expressing the first and/or second analogue.
- 38. The method according to any one of claims 11-14 or 36,

 10 wherein presentation is effected by administering, to the
 animal, a non-pathogenic microorganism or virus which is
 carrying at least one nucleic acid fragment which encodes and
 expresses the at least second analogue.
- 39. The method according to claim 38, wherein the non-patho-15 genic microorganism or virus is administered once to the animal.
- 40. The method according to any one of claims 1-5, wherein presentation is effected by in vivo introducing, into the APC, at least one nucleic acid fragment which encodes and expresses the at least one CTL epitope and/or the at least one B-cell epitope, and the at least one first foreign T_H epitope.
- 41. The method according to any one of claims 6-14, wherein presentation is effected by *in vivo* introducing, into the APC, at least one nucleic acid fragment encoding and expressing the 25 first analogue.
 - 42. The method according to any one of claims claims 15-26, wherein the $T_{\rm H}$ epitope and/or the first and/or second and/or third moieties are present in the form of fusion partners to the amino acid sequence derived from the cell-associated

polypeptide antigen, and wherein presentation is effected by in vivo introducing, into the APC, at least one nucleic acid fragment encoding and expressing the first and/or second analogue.

- 5 43. The method according to any one of claims 11-14 and 41, which further comprises in vivo introduction, into the APC, of at least one nucleic acid fragment encoding and expressing the second analogue.
- 10 44. The method according to any one of claims 1-5, wherein presentation is effected by in vivo co-introducing, into the APC, at least two nucleic acid fragments, wherein one encodes and expresses the at least one CTL epitope and wherein another encodes and expresses the at least one first foreign T_H epi15 tope, and wherein the first foreign T_H epitope is as defined in any one of claims 1, 2 and 21-24.
 - 45. The method according to any one of claims 40-44, wherein the nucleic acid fragment(s) introduced is/are selected from naked DNA, DNA formulated with charged or uncharged lipids,
- 20 DNA formulated in liposomes, DNA included in a viral vector,
 DNA formulated with a transfection-facilitating protein or
 polypeptide, DNA formulated with a targeting protein or
 polypeptide, DNA formulated with a targeting carbohydrate, DNA
 formulated with Calcium precipitating agents, DNA coupled to
- 25 an inert carrier molecule, and DNA formulated with an adjuvant.
 - 46. The method according to claim 45, wherein the adjuvant is selected from the group consisting of the adjuvants defined in any one of claims 30-32.
- 30 47. The method according to any one of claims 40-46, wherein the mode of administration is as defined in claim 33 or 34.

- 48. A method for selection of an immunogenic analogue of a cell-associated polypeptide antigen which is weakly immunogenic or non-immunogenic in an animal, said immunogenic analogue being capable of inducing a CTL response in the animal against cells displaying an MHC Class I molecule bound to an epitope derived from the cell-associated polypeptide antigen, the method comprising
 - a) identifying at least one subsequence of the amino acid sequence of the cell-associated polypeptide antigen which does not contain known or predicted CTL epitopes,
 - b) preparing at least one putatively immunogenic analogue of the cell-associated polypeptide antigen by introducing, in the amino acid sequence of the cell-associated polypeptide antigen, at least one T_{H} epitope foreign to the animal in a position within the at least one subsequence identified in step a), and
 - c) selecting the/those analogues prepared in step b) which are verifiably capable of inducing a CTL response in the animal.
- 20 49. The method according to claim 48, wherein

10

15

- 1) the subsequence identified in step a) further does not contain cysteine residues, or, alternatively, wherein the $T_{\rm H}$ epitope introduced in step b) does not substantially alter the pattern of cystein residues, and/or
- 25 2) the subsequence identified in step a) further does not contain known or predicted glycosylation sites, or, alternatively, wherein the $T_{\rm H}$ epitope introduced in step b) does not substantially alter the glycosylation pattern, and/or
- 3) the subsequence identified in step a) contributes signifi-30 cantly to a patophysiological effect exerted by the cellassociated polypeptide antigen, and wherein the introduc-

WO 00/20027 PCT/DK99/00525

166

tion in step b) of the foreign $T_{\mbox{\tiny H}}$ epitope reduces or abolishes said patophysiological effect, and/or

- 4) the subsequence identified in step a) is homologous to an amino acid sequence of a different protein antigen of the animal, and wherein the introduction of the T_R epitope in step b) substantially removes the homology, and/or
 - 5) introduction in step b) of the foreign T_H epitope results in preservation of a substantial fraction of B-cell epitopes of the cell-associated polypeptide antigen.
- 10 50. The method according to claim 49, variant 5, wherein the analogue has the overall tertiary structure of the cell-associated polypeptide antigen.
- 51. A method for the preparation of cell producing an analogue of a cell-associated polypeptide antigen, the method comprising introducing, into a vector, a nucleic acid sequence encoding an analogue which has been selected according to the method of any one of claims 48-50 and transforming a suitable host cell with the vector.
- 52. A method for the preparation of an analogue of a cell20 associated polypeptide antigen, the method comprising culturing the cell obtained according to the method of claim 51
 under conditions facilitating expression of the nucleic acid
 sequence encoding the cell-associated polypeptide antigen, and
 recovering the analogue from the culture supernatant or from
 25 the cells.
 - 53. The method according to claim 52 which further comprises the step of purifying the recovered analogue and, optionally subjecting the purified product to artificial post-transla-

tional modifications such as refolding, treatment with enzymes, chemical modification, and conjugation.

- 54. The method according to any one of the preceding claims, wherein the weak cell-associated antigen is selected from the group consisting of 5 alpha reductase, α-fetoprotein, AM-1, APC, APRIL, BAGE, β-catenin, Bcl2, bcr-abl (b3a2), CA-125, CASP-8 / FLICE, Cathepsins, CD19, CD20, CD21, CD23, CD22, CD33, CD35, CD44, CD45, CD46, CD5, CD52, CD55 (791Tgp72), CD59, CDC27, CDK4, CEA, c-myc, Cox-2, DCC, DcR3, E6 / E7,
- 10 EGFR, EMBP, Ena78, farsyl transferase, FGF8a or FGF8b, FLK-1/KDR, Folic Acid Receptor, G250, GAGE-Family, gastrin 17, Gastrin-releasing hormone (Bombesin), GD2 / GD3 / GM2, GnRH, GnTV, GP1, gp100 / Pmel 17, gp-100-in4, gp15, gp75 / TRP-1, hCG, Heparanase, Her2 / neu, HMTV, Hsp70, hTERT (telomerase),
- 15 IGFR1, IL-13R, iNOS, Ki 67, KIAA0205, K-ras, H-ras, N-ras, KSA (CO17-1A), LDLR-FUT, MAGE Family (MAGE-1, MAGE-2, MAGE-3, etc), Mammaglobin, MAP17, Melan-A / MART-1, mesothelin, MIC A/B, MT-MMP's, Mox1, Mucin such as MUC-1, MUC-2, MUC-3, and MUC-4 being abberantly glycosylated, MUM-1, NY-ESO-1,
- 20 Osteonectin, p15, P170 / MDR1, p53, p97 / melanotransferrin, PAI-1, PDGF, Plasminogen (uPA), PRAME, Probasin, Progenipoietin, PSA, PSM, RAGE-1, Rb, RCAS1, SART-1, SSX gene family, STAT3, STn (mucin assoc.), TAG-72, TGF-α, TGF-β, Thymosin β 15, TNF-α, TPA, TPI, TRP-2, Tyrosinase, VEGF, ZAG, p16INK4,
- 25 and Glutathione S-transferase.
 - 55. The method according to claim 54, wherein the cell-associated polypeptide antigen is human PSM.
- 56. The method according to claim 55, wherein the foreign T-cell epitope is introduced in a part of the PSM amino acid sequence defined by SEQ ID NO: 2 positions 16-52 and/or 87-108 and/or 210-230 and/or 269-289 and/or 298-324 and/or 442-465 and/or 488-514 and/or 598-630 and/or 643-662 and/or 672-699.

- 57. The method according to claim 55 or 56 used in the treatment or amelioration of prostate cancer.
- 58. The method according to claim 54, wherein the cell-associ-5 ated polypeptide antigen is fibroblast growth factor 8b (FGF8b).
 - 59. The method according to claim 58, where the foreign T-cell epitope is introduced in a part of the FGF8b amino acid sequence defined by SEQ_ID_NO: 6-positions-1-54 and/or 178-215
- 10 and/or 55-58 and/or 63-68 and/or 72-76 and/or 85-91 and/or 95-102 and/or 106-111 and/or 115-120 and/or 128-134 and/or 138-144 and/or 149-154 and/or 158-162 and/or 173-177, and wherein the introduction preferably does not substantially involve amino acids 26-45 and amino acids 186-215.
- 15 60. The method according to claim 58 or 59 used in the treatment or amelioration of cancer such as prostate cancer and breast cancer.
 - 61. The method according to claim 54, wherein the cell-associated polypeptide antigen is Her2.
- 20 62. The method according to claim 61, wherein the foreign T-cell epitope is introduced in a part of the Her2 amino acid sequence defined by SEQ ID NO: 3 positions 5-25 and/or 59-73 and/or 103-117 and/or 149-163 and/or 210-224 and/or 250-264 and/or 325-339 and/or 369-383 and/or 465-479 and/or 579-593
- 25 and/or 632-652 and/or 653-667 and/or 661-675 and/or 695-709 and/or 710-730.

72-86 and/or 146-160 and/or 221-235 and/or 257-271 and/or 387-401.

WO 00/20027 PCT/DK99/00525

169

- 63. The method according to claim 61 or 62 used in the treatment or amelioration of breast cancer.
- 64. An analogue of human PSM which is immunogenic in humans, said analogue comprising a substantial part of all known and predicted CTL and B-cell epitopes of PSM and including at least one foreign $T_{\rm H}$ epitope as defined in any one of claims 18-21.
- 65. The analogue according to claim 64, wherein the at least 10 one foreign T_s epitope is present as an insertion in the PSM amino acid sequence or as a substitution of part of the PSM amino acid sequence or as the result of deletion of part of the PSM amino acid sequence.
 - 66. The analogue according to claim 65, wherein the foreign T_{N} 15 epitope is introduced in the positions defined in claim 56.
 - 67. An analogue of human Her2 which is immunogenic in humans, said analogue comprising a substantial part of all known and predicted CTL and B-cell epitopes of Her2 and including at least one foreign $T_{\rm H}$ epitope as defined in any one of claims 20 18-21.
 - 68. The analogue according to claim 67, wherein the at least one foreign T_{H} epitope is present as an insertion in the Her2 amino acid sequence or as a substitution of part of the Her2 amino acid sequence or as the result of deletion of part of the Her2 amino acid sequence.
 - 69. The analogue according to claim 68, wherein the foreign $T_{\scriptscriptstyle \rm H}$ epitope is introduced in the positions defined in claim 62.
 - 70. An analogue of human/murine FGF8b which is immunogenic in humans, said analogue comprising a substantial part of all

known and predicted CTL and B-cell epitopes of FGF8b and including at least one foreign $T_{\scriptscriptstyle \rm H}$ epitope as defined in any one of claims 18-21.

- 71. The analogue according to claim 70, wherein the at least one foreign T_i epitope is present as an insertion in the FGF8b amino acid sequence or as a substitution of part of the FGF8b amino acid sequence or as the result of deletion of part of the FGF8b amino acid sequence.
- 72. The analogue according to claim 71, wherein the foreign $T_{\rm H}$ 10 epitope is introduced in the positions defined in claim 59.
- 73. An immunogenic composition which comprises, as an effective immunogenic agent the analogue according to any one of claims 64-72 in admixture with a pharmaceutically and immunologically acceptable carrier or vehicle, and optionally an adjuvant.
 - 74. A nucleic acid fragment which encodes an analogue according to any one of claims 64-72.
 - 75. A vector carrying the nucleic acid fragment according to claim 74.
- 20 76. The vector according to claim 75 which is capable of autonomous replication.
 - 77. The vector according to claim 75 or 76 which is selected from the group consisting of a plasmid, a phage, a cosmid, a mini-chromosome, and a virus.
- 25 78. The vector according to any one of claims 75-77, comprising, in the 5'-3' direction and in operable linkage, a promoter for driving expression of the nucleic acid fragment

according to claim 74, optionally a nucleic acid sequence encoding a leader peptide enabling secretion of or integration into the membrane of the polypeptide fragment, the nucleic acid fragment according to claim 74, and optionally a nucleic 5 acid sequence encoding a terminator.

79. The vector according to any one of claims 75-78 which, when introduced into a host cell, is integrated in the host cell genome or is not capable of being integrated in the host cell genome.

الله المعلى المنطقة ا

- 10 80. A transformed cell carrying the vector of any one of claims 75-79.
 - 81. A composition for inducing production of antibodies against PSM, Her2 or FGF8b, the composition comprising
- a nucleic acid fragment according to claim 74 or a vector
 according to any one of claims 75-79, and
 - 2) a pharmaceutically and immunologically acceptable diluent and/or vehicle and/or adjuvant.
- 82. A stable cell line which carries the vector according to any one of claims 75-79 and which expresses the nucleic acid 20 fragment according to claim 74, and which optionally secretes or carries the analogue according to any one of claims 64-72 on its surface.
 - 83. A method for the preparation of the cell according to claim 80, the method comprising transforming a host cell with
- 25 the nucleic acid fragment according to claim 74 or with the vector according to any one of claims 75-79.

1/6

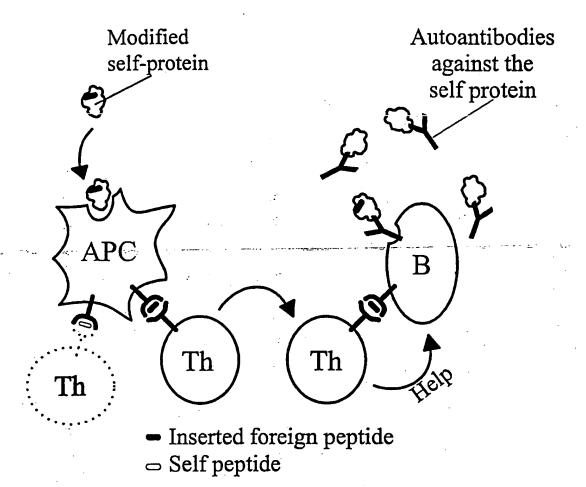


Fig. 1

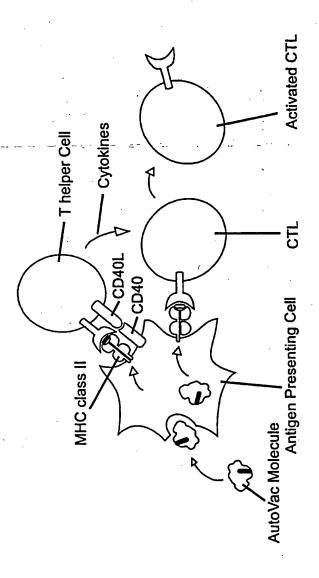
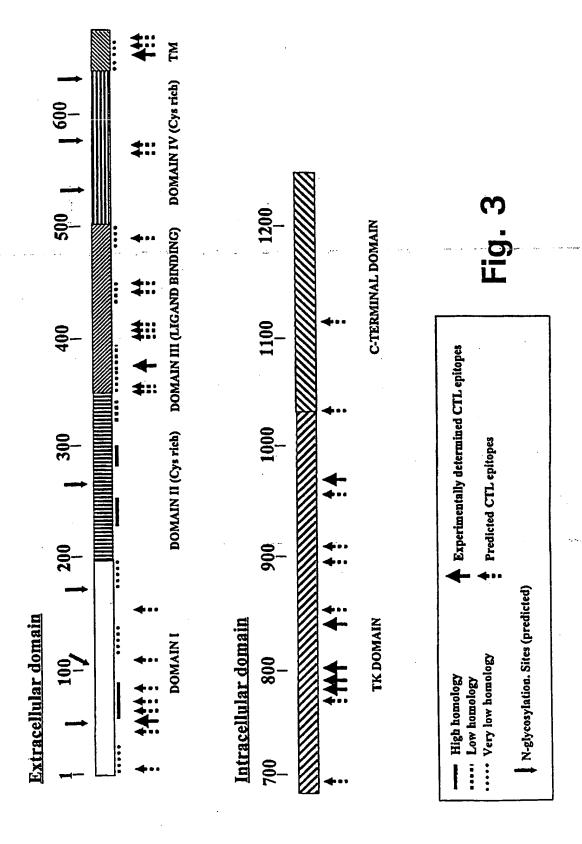


Fig. 2

•



4/6

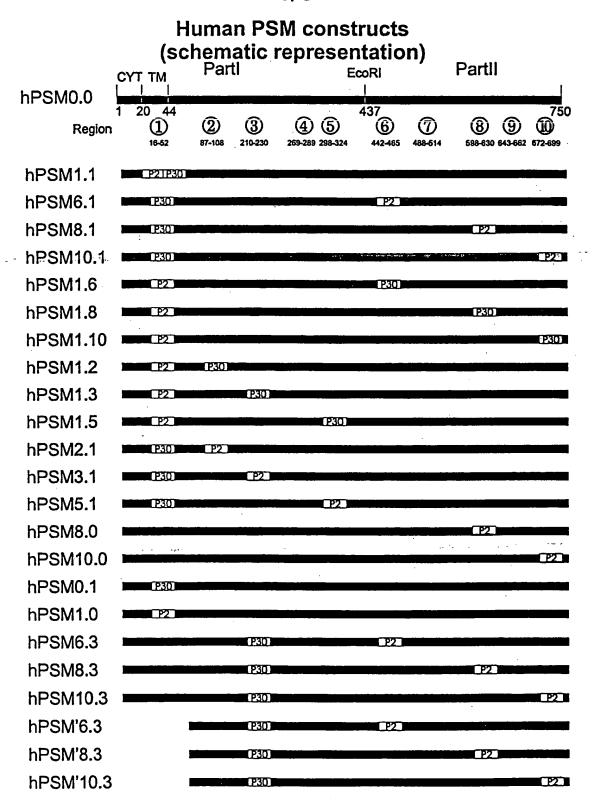


Fig. 4

à.

5/6

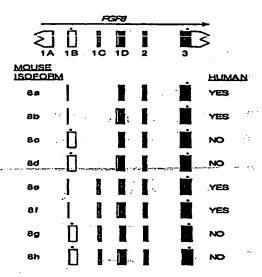
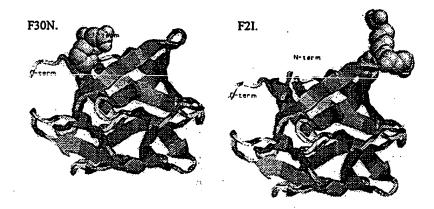


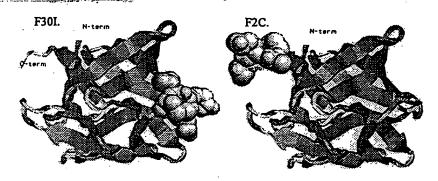
Fig. 5A

	FGF8e and -f				FGF8b and	-f
MGSPRSALSC	LLLHLLVLCL	QAQEGPGRGP	ALGRELASLF	RAGREPQGVS	QQVTVQSSPÑ	31
FTQHVREQSL	VTDQLSRRLI	RTYQLYSRTS	GKHVQVLANK	RINAMAEDGD	PFAKLIVETD	91
TFGSRVRVRG	AETGLYICMN	KKGKLIAKSN	GKGKD <u>C</u> VFTE	IVLENNYTAL	QNAKYEGWYM	151
AFTRKGRPRK	GSKTRQHQRE	VHFMKRLPRG	HHTTEQSLRF	EFLNYPPFTR	SLRGSQRTWA	211
PEPR						215

Fig. 5B

6/6





	•	
WT	MGSPRSALSCLLLHLLVLCLQAQVTVQSSPNFTQHVREQSLVTDQLSRRLIRTYQLYSRTSGKHV(66
F30N	MAQVTVFNNFTVSFWLRVPKVSASHLERRLIRTYOLYSRTSGKHV(
F2I	MAQVTVQSSPNFTQHVREQSLVTDQLSRRLIRTYQLYSRTSGKHV(
F30I	MAQVTVQSSPNFTQHVREQSLVTDQLSRRLIRTYQLYSRTSGKHV(_
F2C	MAQVTVQSSPNFTQHVREQSLVTDQLSRRLIRTYQLYSRTSGKHV(
		•
WT	VLANKRINAMAEDGDPFAKLIVETDTF GSRVRVRGAETGLYICMNKKGKLIAI	119
F30N	VLANKRINAMAEDGDPFAKLIVETDTF GSRVRVRGAETGLYICMNKKGKLIAI	. 99
F2I	VLANKRINAMAEDGDPFAKLIVETD <u>QYIKANSKFIGITEL</u> GSRVRVRGAETGLYICMNKKGKLIAN	112
F30I	VLANKRINAMAEDGDPFAKLIVETDTF GSRVRVRGAETGLYICMNKKGKLIAI	99
F2C	VLANKRINAMAEDGDPFAKLIVETDTF GSRVRVRGAETGLYICMNKKGKLIAI	3 99
WT	SNG KGKDCVFTEIGLENNYTALQNAKYEGWYMAFTRKGRPRKGSKTRO	167
F30N	SNG KGKDCVFTEIGLENNYTALQNAKYEGWYMAFTRKGRPRKGSKTR	147
F2I	SNG KGKDCVFTEIGLENNYTALQNAKYEGWYMAFTRKGRPRKGSKTR	160
F30I	SNGFNNFTVSFWLRVPKVSASHLEDCVFTEIGLENNYTALQNAKYEGWYMAFTRKGRPRKGSKTR	165
F2C	SNG KGKDCVFTEIGLENNYTALQNAKYEGWYMAFTRKGRPRKGSKTR	147
		-
WT	HQREVHFMKRLPRGHHTTEQSLRFEFLNYPPFT RSLRGSQRTWA PEPR 215	
F30N	HQREVHFMKRLPRGHHTTEQSLRFEFLNYPPFT RSLRGSQRTWA PEPR 195	
F2I	HOREVHFMKRLPRGHHTTEQSLRFEFLNYPPFT RSLRGSQRTWA PEPR 208	
F30I	HOREVHFMKRLPRGHHTTEQSLRFEFLNYPPFT RSLRGSORTWA PEPR 213	
F2C	HOREVHFMKRLPRGHHTTEQSLRFEFLNYPPFTQYIKANSKFIGITELPEPR 199	

Fig. 6

20

1

SEQUENCE LISTING

```
<110> M&E Biotech A/S
      STEINAA, Lucilla
      NIELSEN, Klaus Gregorius
      DALUM, Iben
      HAANING, Jesper
      LEACH, Dana
      BIRK, Peter
      MOURITSEN, Soren
      GAUTAM, Anand
      KARLSSON, Gunilla
<120> NOVEL METHODS FOR THERAPEUTIC VACCINATION
<130> 22113 PC 1
<140>
<141>
<160> 33
<170> PatentIn Ver. 2.1
<210> 1
<211> 2253
<212> DNA
<213> Homo sapiens
<220>
<221> CDS
<222> (1)..(2253)
<220>
<221> misc_feature
<222> (58)..(2253)
<223> Human PSM'
<220>
<221> misc_feature
<222> (4)..(6)
<223> ggt or tgg encoding Gly and Trp, respectively
<400> 1
atg ggt aat ctc ctt cac gaa acc gac tcg gct gtg gcc acc gcg cgc
                                                                   48
Met Gly Asn Leu Leu His Glu Thr Asp Ser Ala Val Ala Thr Ala Arg
cgc ccg cgc tgg ctg tgc gct ggg gcg ctg gtg ctg gcg ggt ggc ttc
Arg Pro Arg Trp L u Cys Ala Gly Ala Leu Val Leu Ala Gly Gly Phe
```

25

30

														aat Asn		144
														gat Asp		192
-		-	-			_	_							cag Gln		240
			_			-				-		-	•	caa Gln 95	att Ile	288
														gca Ala		336
	-								-					tac Tyr	atc Ile	384
														tta Leu		432
-									-	_	-		-	cca Pro	cct Pro 160	480
	-	-						-				_		gtg Val 175	tat Tyr	528
_												-		gac Asp	_	576
														aaa Lys		624
	-			_	-			_	_	-	-		-	aaa Lys		672
_								-			-			gtg Val	_	720

									ggt Gly					768
			_		-		_		ctc Leu					816
									gca Ala					864
									tat Tyr 300					912
									gat Asp					960
	•					-			ggc Gly			-		1008
									tct Ser					1056
	_							-	gga Gly	-		_		1104
									tca Ser 380				ggt Gly	1152
	Ile			Gly					cat His					1200
_			_	-					cct Pro					1248
									ctt Leu					1296
									gag Glu		Gly		gct Ala	1344

			-	-				_				act Thr	_	-	-	1392
-	-		_					-	-			cta Leu				1440
_		-		-				-				ctt Leu		-	-	1488
				-						-		atg Met				1536
-		-										ttc Phe 525		-		1584
												tgg Trp				1632
												gaa Glu				1680
_		-						-				cac His			gtg Val	1728
-			-								-	aat Asn			gtg Val	1776
			Asp	_	Arg	Asp	Tyr	Ala	-	Val	Leu	aga Arg 605	Lys		-	1824
_				-			-				_	gaa Glu	-	_		1872
	-	_			-					-	_	aag Lys				1920
												ttt Phe				1968

	cca Pro															2016
aga Arg	gca Ala	ttt Phe 675	att Ile	gat Asp	cca Pro	tta Leu	680 Gly ggg	tta Leu	cca Pro	gac Asp	agg Arg	cct Pro 685	ttt Phe	tat Tyr	agg Arg	2064
	gtc Val 690															2112
	cca Pro															2160
	tcc Ser															2208
	aca Thr													taa		2253
<21 <21	0> 2 1> 75 2> PI 3> Ho	RT	sapie	ens												,
<21: <21: <21: <40:	1> 75 2> PI	emo			His	Glu	Thr	Asp	Ser 10	Ala	Val	Ala	Thr	Ala 15		
<21: <21: <21: <40: Met	1> 75 2> PF 3> Ho 0> 2 Gly	omo s Asn	Leu	Leu 5			•		10					15		
<21: <21: <21: <400 Met 1	1> 7: 2> PP 3> HG 0> 2 Gly Pro	Asn Arg	Leu Trp 20	Leu 5 Leu Phe	Cys	Ala	Gly	Ala 25	10 Leu Phe	Val Ile	Leu Lys	Ala	Gly 30 Ser	15 Gly		
<21: <21: <21: <400 Met 1 Arg	1> 7: 2> PI 3> HG 0> 2 Gly Pro	Asn Arg Leu 35	Leu Trp 20 Gly	Leu 5 Leu Phe	Cys	Ala Phe	Gly Gly 40	Ala 25 Trp	10 Leu Phe	Val	Leu Lys	Ala Ser 45	Gly 30 Ser	15 Gly Asn	Phe	
<21: <21: <21: <400 Met 1 Arg Phe	1> 75 2> PF 3> HG 0> 2 Gly Pro Leu Thr 50 Lys	Asn Arg Leu 35	Trp 20 Gly	Leu 5 Leu Phe Thr	Cys Leu Pro	Ala Phe Lys 55	Gly Gly 40 His	Ala 25 Trp Asn	10 Leu Phe Met	Val Ile Lys	Leu Lys Ala 60 Asn	Ala Ser 45 Phe	Gly 30 Ser	15 Gly Asn Asp	Phe Glu	
<21: <21: <21: <400 Met 1 Arg Phe Ala Leu 65	1> 75 2> PF 3> HG 0> 2 Gly Pro Leu Thr 50 Lys	Asn Arg Leu 35 Asn	Trp 20 Gly Ile	Leu 5 Leu Phe Thr	Cys Leu Pro Ile 70	Ala Phe Lys 55 Lys	Gly Gly 40 His	Ala 25 Trp Asn	10 Leu Phe Met	Val Ile Lys Tyr 75 Gln	Leu Lys Ala 60 Asn	Ala Ser 45 Phe	Gly 30 Ser Leu	Gly Asn Asp	Phe Glu Glu Ile 80	

Tyr	Asp	Val 115	Leu	Leu	Ser	Tyr	Pro 120	Asn	Lys	Thr	His	Pro 125	Asn	Tyr	Ile
Ser	Ile 130	Ile	Asn	Glu	Asp	Gly 135	Asn	Glu	Ile	Phe	Asn 140	Thr	Ser	Leu	Phe
Glu 145	Pro	Pro	Pro	Pro	Gly 150	Tyr	Glu	Asn	Val	Ser 155	Asp	Ile	Val	Pro	Pro 160
Phe	Ser	Ala	Phe	Ser 165	Pro	Gln	Gly	Met	Pro 170	Glu	Gly	Asp	Leu	Val 175	Tyr
Val	Asn	Tyr	Ala 180	Arg	Thr	Glu	Asp	Phe 185	Phe	Lys	Leu	Glu	Arg 190	Asp	Met
Lys	Ile	Asn 195	Cys	Ser	Gly	Lys	Ile 200	Val	Ile	Ala	Arg	Tyr 205	Gly	Lys	Val
Phe	Arg 210	Gly	Asn	Lys	Val	Lys 215	Asn	Ala	Gln	Leu	Ala 220	Gly	Ala	Lys	Gly
Val 225	Ile	Leu	Tyr	Ser	Asp 230	Pro	Ala	Asp	Tyr	Phe 235	Ala	Pro	Gly	Val	Lys 240
Ser	Tyr	Pro	Asp	Gly 245	Trp	Asn	Leu	Pro	Gly 250	Gly	Gly	Val	Gln	Arg 255	Gly
Asn	Ile	Leu	Asn 260	Leu	Asn	Gly	Ala	Gly 265	Asp	Pro	Leu	Thr	Pro 270	Gly	Tyr
Pro	Ala	Asn 275	Glu	Tyr	Ala	Tyr	Arg 280	Arg	Gly	Ile	Ala	Glu 285	Ala	Val	Gly
Leu	Pro 290	Ser	Ile	Pro	Val	His 295	Pro	Ile	Gly	Tyr	Tyr 300	Asp	Ala	Gln	Lys
Leu 305		Glu	Lys	Met	Gly 310	Gly	Ser	Ala	Pro	Pro 315	Asp	Ser	Ser	Trp	Arg 320
Gly	Ser	Leu	Lys	Val 325	Pro	Tyr	Asn	Val	Gly 330	Pro	Gly	Phe	Thr	Gly 335	Asn
Phe	Ser	Thr	Gln 340		Val	Lys	Met	His 345	Ile	His	Ser	Thr	Asn 350	Glu	Val
Thr	Arg	11e 355	Tyr	Asn	Val	Ile	Gly 360	Thr	Leu	Arg	Gly	Ala 365		Glu	Pro
Asp	Arg 370	Tyr	Val	Ile	Leu	Gly 375	Gly	His	Arg	Asp	Ser 380		Val	Phe	Gly
Gly 385		Asp	Pro	Gln	Ser 390	Gly	Ala	Ala	Val	Val 395	His	Glu	Il	Val	Arg 400

Ser	Phe	Gly	Thr	Leu 405	Lys	Lys	Glu	Gly	Trp 410	Arg	Pro	Arg	Arg	Thr 415	Ile
Leu	Phe	Ala	Ser 420	Trp	Asp	Ala	Glu	Glu 425	Phe	Gly	Leu	Leu	Gly 430	Ser	Thr
Glu	Trp	Ala 435	Glu	Glu	Asn	Ser	Arg 440	Leu	Leu	Gln	Glu	Arg 445	Gly	Val	Ala
Tyr	Ile 450	Asn	Ala	Asp	Ser	Ser 455	Ile	Glu	Gly	Asn	Tyr 460	Thr	Leu	Arg	Val
Asp 465	Cys	Thr	Pro	Leu	Met 470	Tyr	Ser	Leu	Val	His 475	Asn	Leu	Thr	Lys	Glu 480
Leu	Lys	Ser	Pro	Asp 485	Glu	Gly	Phe	Glu	Gly 490	Lys	Ser	Leu	Tyr	Glu 495	Ser
Trp	Thr	Lys	Lys 500	Ser	Pro	Ser	Pro	Glu 505	Phe	Ser	Gly	Met	Pro 510	Arg	Ile
Ser	Lys	Leu 515	Gly	Ser	Gly	Asn	Asp 520	Phe	Glu	Val	Phe	Phe 525	Gln	Arg	Leu
Gly	11e 530	Ala	Ser	Gly	Arg	Ala 535	Arg	Tyr	Thr	Lys	Asn 540	Trp	Glu	Thr	Asn
Lys 545	Phe	Ser	Gly	Tyr	Pro 550	Leu	Tyr	His	Ser	Val 555	Tyr	Glu	Thr	Tyr	Glu 560
Leu	Val	Glu	Lys	Phe 565	Tyr	Asp	Pro	Met	Phe 570	Lys	Tyr	His	Leu	Thr 575	Val
Ala	Gln	Val	Arg 580	Gly	Gly	Met	Val	Phe 585		Leu	Ala	Asn	Ser 590		Val
Leu	Pro	Phe 595	Asp	Cys	Arg	Asp	Tyr 600	Ala	Val	Val	Leu	Arg 605	Lys	Tyr	Ala
Asp	Lys 610	Ile	Tyr	Ser	Ile	Ser 615	Met	Lys	His	Pro	Gln 620	Glu	Met	Lys	Thr
Tyr 625		Val	Ser	Phe	Asp 630		Leu	Phe	Ser	Ala 635		Lys	Asn	Phe	Thr 640
Glu	Ile	Ala	Ser	Lys 645		Ser	Glu	Arg	Leu 650		Asp	Phe	Asp	Lys 655	Ser
Asn	Pro	Ile	Val 660		Arg	Met	Met	Asn 665		Gln	Leu	Met	Phe 670		Glu
Arg	Ala	Phe 675		Asp	Pro	Leu	Gly 680	L u	Pro	Asp	Arg	Pro 685		Tyr	Arg

7.35

730

His	Val 690	Ile	Tyr	Ala	Pro	Ser 695	Ser	His	Asn	Lys	Tyr 700	Ala	Gly	Glu	Ser	
Phe 705	Pro	Gly	Ile	Tyr	Asp 710	Ala	Leu	Phe	Asp	Ile 715	Glu	Ser	Lys	Val	Asp 720	
Pro	Ser	Lvs	Ala	Tro	Glv	Glu	Val	Lvs	Ara	Gln	Ile	Tvr	Val	Ala	Ala	

Phe Thr Val Gln Ala Ala Ala Glu Thr Leu Ser Glu Val Ala 740 745 750

<210> 3 <211> 3768 <212> DNA <213> Homo sapiens <220> <221> CDS <222> (1)..(3768) <400> 3 Met Glu Leu Ala Ala Leu Cys Arg Trp Gly Leu Leu Leu Ala Leu Leu -15 -10 -20 ccc ccc gga gcc gcg agc acc caa gtg tgc acc ggc aca gac atg aag Pro Pro Gly Ala Ala Ser Thr Gln Val Cys Thr Gly Thr Asp Met Lys -5 -1 1 ctg cgg ctc cct gcc agt ccc gag acc cac ctg gac atg ctc cgc cac 144 Leu Arq Leu Pro Ala Ser Pro Glu Thr His Leu Asp Met Leu Arg His ctc tac cag ggc tgc cag gtg gtg cag gga aac ctg gaa ctc acc tac 192 Leu Tyr Gln Gly Cys Gln Val Val Gln Gly Asn Leu Glu Leu Thr Tyr 30 ctg ccc acc aat gcc agc ctg tcc ttc ctg cag gat atc cag gag gtg Leu Pro Thr Asn Ala Ser Leu Ser Phe Leu Gln Asp Ile Gln Glu Val 45 50 caq qqc tac qtg ctc atc gct cac aac caa gtg agg cag gtc cca ctg 288 Gln Gly Tyr Val Leu Ile Ala His Asn Gln Val Arg Gln Val Pro Leu 70 60 cag agg ctg cgg att gtg cga ggc acc cag ctc ttt gag gac aac tat 336

Gln Arg Leu Arg Ile Val Arg Gly Thr Gln Leu Phe Glu Asp Asn Tyr

										ctg Leu 100						384
										gag Glu						432
										atc Ile						480
										gac Asp						528
										aac Asn						576
										cgc Arg 180						624
tct Ser	gag Glu	gat Asp	tgt Cys	cag Gln 190	agc Ser	ctg	acg Thr	cgc Arg	act Thr 195	gtc Val	tgt Cys	gcc Ala	ggt Gly	ggc Gly 200	tgt Cys	672
										tġc Cys						720
										gac Asp						768
		Asn	His	Ser	Gly	Ile	Cys	Glu	Leu	cac His						816
	Tyr									ccc Pro 260						864
										tgt Cys					Leu	912
				Gly					Val					Asn	caa Gln	960

	gtg Val															1008
	tgt Cys 315															1056
	agg Arg															1104
	atc Ile															^1152
	gcc Ala															1200
	act Thr															1248
	agc Ser 395															1296
	cga Arg														ctg Leu 425	1344
ggc Gly	atc Ile	agc Ser	tgg Trp	ctg Leu 430	ggg	ctg Leu	cgc	tca Ser	ctg Leu 435	agg Arg	gaa Glu	ctg Leu	ggc	agt Ser 440	gga Gly	1392
															gtg Val	1440
													Leu		act	1488
		Arg					Cys					Leu			cac His	1536
	Leu					His					Gly				tgt Cys 505	1584

	aac Asn															1632
cga Arg	gta Val	ctg Leu	cag Gln 525	Gly	ctc Leu	ccc Pro	agg Arg	gag Glu 530	tat Tyr	gtg Val	aat Asn	gcc Ala	agg Arg 535	cac His	tgt Cyș	1680
	ccg Pro															1728
	gga Gly 555															1776
	ccc Pro															1824
	tac Tyr															1872
	tgc Cys													Asp		1920
	tgc Cys															1968
															ggg Gly	2016
Ile		Ile	Lys	Arg	Arg	Gln	Gln	Lys	Ile		Lys				cgg Arg 665	2064
										Pro					gga Gly	2112
				Gln										Glu	ctg Leu	2160
			Lys										Val		aag Lys	2208

											gtg Val		2256
											gaa Glu		2304
											gtc Val		2352
											aca Thr 775		2400
_			-			-	_		-		cgc		2448
-		-	-	_	•		 -	_	_		gcc Ala		2496
-	-	_		_			-			_	ttg Leu		2544
											aca Thr		2592
											cat His 855		2640
											att Ile		2688
											gtg Val		2736
											atc Ile		2784
											ccc	Pro	2832

	tc tgc le Cys			-	-		_							-	2880
_	sp Ser 940	-	-			-				-			_		2928
Ser A	gc atg rg Met 55	-		-		-	_			-		_			2976
	tg ggc. eu Gly														3024
	ag gac Slu Asp	-	-			-			_	-		Glu		_	·3072
_	cc cag ro Gln	-				Суз				-	Pro		-		3120
	tg gtc Met Val 1020				His	-	_			Thr		•			3168
Gly A	ac ctg Sp Leu 35			Gly					Glu			_			3216
	ca ctg Pro Leu	-	Pro					Gly					Asp		3264
-	tg gga Leu Gly	Met		-	-	-	Gly	-		_		Pro			3312
-	cc agc Pro Ser			_		Tyr	_		_		Thr	-		-	3360
	ct gag Ser Glu 1100				Tyr					Thr					3408

cga (Arg (1130	Glu			Leu					Pro					Leu		3504
agg (_	-	Thr					Lys					Lys		-	3552
ttt Phe		Phe					Glu					Leu				3600
gga Gly	Gly					Pro					Ala					3648
ttc Phe 1	-				Tyr		_	_	-	Pro					-	3696
cca Pro 1210	Pro			Phe					Thr					Glu		3744
ctg Leu		•	Asp				tga			,						3768
<210 <211 <212 <213	> 12 !> PI	RT	sapie	ens												
<400		T 211	71-	710	T 011	Cua	7		C1	 Tou	Ton	Ton	71.	7.00	T 011	
ме с 1	GIU	reu	ATG	5	ren	Cys	ALG	iip	10	rea	Leu	Leu	MIG	Leu 15	rea	
Pro	Pro	Gly	Ala 20	Ala	Ser	Thr	`Gln	Val 25	Cys	Thr	Gly	Thr	Asp 30	Met	Lys	
Leu	Arg	Leu 35	Pro	Ala	Ser	Pro	Glu 40	Thr	His	Leu	Asp	Met 45	Leu	Arg	His	
Leu	Tyr 50	Gln	Gly	Cys	Gln	Val 55		Gln	Gly	Asn	Leu 60	Glu	Leu	Thr	Tyr	
Leu 65	Pro	Thr	Asn	Ala	Ser 70	Leu	Ser	Phe	Leu	Gln 75	_	Ile	Gln	Glu	Val 80	
Gln																

Gln	Arg	Leu	Arg 100	Ile	Val	Arg	Gly	Thr 105	Gln	Leu	Phe	Glu	Asp 110	Asn	Tyr
Ala	Leu	Ala 115	Val	Leu	Asp	Asn	Gly 120	Asp	Pro	Leu	Asn	Asn 125	Thr	Thr	Pro
Val	Thr 130	Gly	Ala	Ser	Pro	Gly 135	Gly	Leu	Arg	Glu	Leu 140	Gln	Leu	Arg.	Ser
Leu 145	Thr	Glu	Ile	Leu	Lys 150	Gly	Gly	Val	Leu	11e 155	Gln	Arg	Asn	Pro	Gln 160
Leu	Cys	Tyr	Gln	Asp 165	Thr	Ile	Leu	Trp	Lys 170	Asp	Ile	Phe	His	Lys 175	Asn
Asn	Gln	Leu	Ala 180		Thr	Leu	Ile	Asp 185	Thr	Asn	Arg	Ser	Arg 190	Ala	Суз
His	Pro	Cys 195	Ser	Pro	Met	Cys	Lys 200	Gly	Ser	Arg	Cys	Trp 205	Gly	Glu	Ser
Ser	Glu 210	Asp	Суз	Gln	Ser	Leu 215	Thr	Arg	Thr	Val	Cys 220	Ala	Gly	Gly	Суз
Ala 225	Arg	Суз	Lys	Gly	Pro 230	Leu	Pro	Thr	Asp	Суз 235	Cys	His	Glu	Gln	Cys 240
Ala	Ala	Gly	Cys	Thr 245	Gly	Pro	Lys	His	Ser 250	Asp	Суз	Leu	Ala	Cys 255	Leu
His	Phe	Asn	His 260	Ser	Gly	Ile	Cys	Glu 265	Leu	His	Cys	Pro	Ala 270	Leu	Val
Thr	Tyr	Asn 275	Thr	Asp	Thr	Phe	Glu 280	Ser	Met	Pro	Asn	Pro 285	Glu	Gly	Arg
Tyr	Thr 290	Phe	Gly	Ala	Ser	Cys 295	Val	Thr	Ala	Cys	Pro 300	Tyr	Asn	Tyr	Leu
Ser 305		Asp	Vạl	Gly	Ser 310	Cys	Thr	Leu	Val	Cys 315	Pro	Leu	His	Asn	Gln 320
Glu	Val	Thr	Ala	Glu 325	-	Gly	Thr	Gln	Arg 330	Суз	Glu	Lys	Cys	Ser 335	_
Pro	Cys	Ala	Arg 340	Val	Cys	Tyr	Gly	Leu 345	Gly	Met	Glu	His	Leu 350	Arg	Glu
Val	Arg	Ala 355	Val	Thr	Ser	Ala	Asn 360	Ile	Gln	Glu	Phe	Ala 365		Cys	Lys
Lys	I1 370		Gly	Ser	Leu	Ala 375	Phe	Leu	Pro	Glu	s r 380		Asp	Gly	Asp

Pro 385	Ala	Ser	Asn	Thr	Ala 390	Pro	Leu	Gln	Pro	Glu 395	Gln	Leu	Gln	Val	Phe 400
Glu	Thr	Leu	Glu	Glu 405	Ile	Thr	Gly	Tyr	Leu 410	Tyr	Ile	Ser	Ala	Trp 415	Pro
Asp	Ser	Leu	Pro 420	Asp	Leu	Ser	Val	Phe 425	Gln	Asn	Leu	Gln	Val 430	Ile	Arg
Gly	Arg	Ile 435	Leu	His	Asn	Gly	Ala 440	Tyr	Ser	Leu	Thr	Leu 445	Gln	Gly	Leu
Gly	11e 450	Ser	Trp	Leu	Gly	Leu 455	Arg	Ser	Leu	Arg	Glu 460	Leu	Gly	Ser	Gly
	Ala	Leu	Ile		His 470	Asn	Thr	His	Leu	Cys 475	Phe	Val	His	Thr	Val 480
Pro	Trp	Asp	Gln	Leu 485	Phe	Arg	Asn	Pro	His 490	Gln	Ala	Leu	Leu	His 495	Thr
Ala	Asn	Arg	Pro 500	Glu	Asp	Glu	Суз	Val 505	Gly	Glu	Gly	Leu	Ala 510	Cys	His
		515					520	-		Pro	_	525			-
	530					535				Glu	540				
545				_	550				_	Val 555					560
		-	· · ·	565					570	Asn	_			575	
	-		580					585		Суз			590	-	-
		595					600					605		-	Leu
	610					615				Glu	620	_	•	-	
625					630					Val 635					640
_	-			645					650	Leu				655	
Ala	Val	Val	Gly 660	Ile	Leu	Leu	Val	Val		Leu	Gly	Val	Val		Gly

- Ile Leu Ile Lys Arg Arg Gln Gln Lys Ile Arg Lys Tyr Thr Met Arg 675 680 685
- Arg Leu Leu Gln Glu Thr Glu Leu Val Glu Pro Leu Thr Pro Ser Gly 690 695 700
- Ala Met Pro Asn Gln Ala Gln Met Arg Ile Leu Lys Glu Thr Glu Leu 705 710 715 720
- Arg Lys Val Lys Val Leu Gly Ser Gly Ala Phe Gly Thr Val Tyr Lys
 725 730 735
- Gly Ile Trp Ile Pro Asp Gly Glu Asn Val Lys Ile Pro Val Ala Ile 740 745 750
- Lys Val Leu Arg Glu Asn Thr Ser Pro Lys Ala Asn Lys Glu Ile Leu 755 760 765
- Asp Glu Ala Tyr Val Met Ala Gly Val Gly Ser Pro Tyr Val Ser Arg 770 780
- Leu Leu Gly Ile Cys Leu Thr Ser Thr Val Gln Leu Val Thr Gln Leu 785 790 795 800
- Met Pro Tyr Gly Cys Leu Leu Asp His Val Arg Glu Asn Arg Gly Arg 805 810 815
- Leu Gly Ser Gln Asp Leu Leu Asn Trp Cys Met Gln Ile Ala Lys Gly 820 825 830
- Met Ser Tyr Leu Glu Asp Val Arg Leu Val His Arg Asp Leu Ala Ala 835 840 845
- Arg Asn Val Leu Val Lys Ser Pro Asn His Val Lys Ile Thr Asp Phe 850 855 860
- Gly Leu Ala Arg Leu Leu Asp Ile Asp Glu Thr Glu Tyr His Ala Asp 865 870 875 880
- Gly Gly Lys Val Pro Ile Lys Trp Met Ala Leu Glu Ser Ile Leu Arg 885 890 895
- Arg Arg Phe Thr His Gln Ser Asp Val Trp Ser Tyr Gly Val Thr Val 900 905 910
- Trp Glu Leu Met Thr Phe Gly Ala Lys Pro Tyr Asp Gly Ile Pro Ala 915 920 925
- Arg Glu Ile Pro Asp Leu Leu Glu Lys Gly Glu Arg Leu Pro Gln Pro 930 935 940
- Pro Ile Cys Thr Ile Asp Val Tyr Met Ile Met Val Lys Cys Trp Met 945 950 955 960

- Ile Asp Ser Glu Cys Arg Pro Arg Phe Arg Glu Leu Val Ser Glu Phe 965 970 975
- Ser Arg Met Ala Arg Asp Pro Gln Arg Phe Val Val Ile Gln Asn Glu 980 985 990
- Asp Leu Gly Pro Ala Ser Pro Leu Asp Ser Thr Phe Tyr Arg Ser Leu 995 1000 1005
- Leu Glu Asp Asp Met Gly Asp Leu Val Asp Ala Glu Glu Tyr Leu 1010 1015 1020
- Val Pro Gln Gln Gly Phe Phe Cys Pro Asp Pro Ala Pro Gly Ala Gly 025 1030 1035 1040
- Gly Met Val His His Arg His Arg Ser Ser Ser Thr Arg Ser Gly Gly
 1045 1050 1055
- Gly Asp Leu Thr Leu Gly Leu Glu Pro Ser Glu Glu Glu Ala Pro Arg 1060 1065 1070
- Ser Pro Leu Ala Pro Ser Glu Gly Ala Gly Ser Asp Val Phe Asp Gly 1075 1080 1085
- Asp Leu Gly Met Gly Ala Ala Lys Gly Leu Gln Ser Leu Pro Thr His 1090 1095 1100
- Asp Pro Ser Pro Leu Gln Arg Tyr Ser Glu Asp Pro Thr Val Pro Leu 105 1110 1115 1120
- Pro Ser Glu Thr Asp Gly Tyr Val Ala Pro Leu Thr Cys Ser Pro Gln 1125 1130 1135
- Pro Glu Tyr Val Asn Gln Pro Asp Val Arg Pro Gln Pro Pro Ser Pro 1140 1145 1150
- Arg Glu Gly Pro Leu Pro Ala Ala Arg Pro Ala Gly Ala Thr Leu Glu 1155 1160 1165
- Arg Ala Lys Thr Leu Ser Pro Gly Lys Asn Gly Val Val Lys Asp Val 1170 1175 1180
- Phe Ala Phe Gly Gly Ala Val Glu Asn Pro Glu Tyr Leu Thr Pro Gln 185 1190 1195 1200
- Gly Gly Ala Ala Pro Gln Pro His Pro Pro Pro Ala Phe Ser Pro Ala 1205 1210 1215
- Phe Asp Asn Leu Tyr Tyr Trp Asp Gln Asp Pro Pro Glu Arg Gly Ala 1220 1225 1230
- Pro Pro Ser Thr Ph Lys Gly Thr Pro Thr Ala Glu Asn Pro Glu Tyr 1235 1240 1245

L u Gly Leu Asp Val Pro Val 1250 1255

<210> 5 <211> 648 <212> DNA <213> Homo sapiens <220> <221> CDS <222> (1)..(648) <400> 5 atq qqc agc ccc cgc tcc gcg ctg agc tgc ctg ctg ttg cac ttg ctg Met Gly Ser Pro Arg Ser Ala Leu Ser Cys Leu Leu His Leu Leu 5 10 gtt ctc tgc ctc caa gcc cag gta act gtt cag tcc tca cct aat ttt Val Leu Cys Leu Gln Ala Gln Val Thr Val Gln Ser Ser Pro Asn Phe 20 25. aca cag cat gtg agg gag cag agc ctg gtg acg gat cag ctc agc cgc 144 Thr Gln His Val Arg Glu Gln Ser Leu Val Thr Asp Gln Leu Ser Arg cgc ctc atc cgg acc tac cag ctc tac agc cgc acc agc ggg aag cac 192 Arg Leu Ile Arg Thr Tyr Gln Leu Tyr Ser Arg Thr Ser Gly Lys His 50 qtq caq gtc ctg gcc aac aag cgc atc aac gcc atg gca gaa gac gga 240 Val Gln Val Leu Ala Asn Lys Arg Ile Asn Ala Met Ala Glu Asp Gly 70 75 65 gac ccc ttc gcg aag ctc att gtg gag acc gat act ttt gga agc aga 288 Asp Pro Phe Ala Lys Leu Ile Val Glu Thr Asp Thr Phe Gly Ser Arg 85 gtc cga gtt cgc ggc gca gag aca ggt ctc tac atc tgc atg aac aag 336 Val Arg Val Arg Gly Ala Glu Thr Gly Leu Tyr Ile Cys Met Asn Lys 100 105 aag ggg aag cta att gcc aag agc aac ggc aaa ggc aag gac tgc gta Lys Gly Lys Leu Ile Ala Lys Ser Asn Gly Lys Gly Lys Asp Cys Val 120 ttc aca gag atc gtg ctg gag aac aac tac acg gcg ctg cag aac gcc 432 Phe Thr Glu Ile Val Leu Glu Asn Asn Tyr Thr Ala Leu Gln Asn Ala 130 135 140

	tac Tyr															480
	ggc Gly															528
	ctg Leu															576
	ctc Leu															624
	tgg Trp 210	_	-			_	tag	-			•	-	-		-	648
<211 <212)> 6 L> 21 2> PF 3> Ho	RT	sapie	ens												
)> 6 Gly	Ser	Pro	Arg 5	Ser	Ala	Leu	Ser	Cys 10	Leu	Leu	Leu	His	Leu 15	Leu	-
Val	Leu	Cys	Leu 20	Gln	Ala	Gln	Val	Thr 25	Val	Gln	Ser	Ser	Pro 30	Asn	Phe	
Thr	Gln	His 35	Val	Arg	Glu	Gln	Ser 40	Leu	Val	Thr	Asp	Gln 45	Leu	Ser	Arg	
Arg	Leu 50	Ile	Arg	Thr	Tyr	Gln 55	Leu	Tyr	Ser	Arg	Thr 60	Ser	Gly	Lys	His	
Val 65	Gln	Val	Leu	Ala	Asn 70	Lys	Arg	Ile	Asn	Ala 75	Met	Ala	Glu	Asp	Gly 80	
Asp	Pro	Phe	Ala	Lys 85	Leu	Ile	Val	Glu	Thr 90	Asp	Thr	Phe	Gly	Ser 95	Arg	
Val	Arg	Val	Arg 100	Gly	Ala	Glu	Thr	Gly 105	Leu	Tyr	Ile	Cys	Met 110	Asn	Lys	
Lys	Gly	Lys 115	Leu	Ile	Ala	Lys	Ser 120	Asn	Gly	Lys	Gly	Lys 125	Asp	Cys	Val	
Phe	Thr 130	Glu	11	Val	Leu	Glu 135	Asn	Asn	Tyr	Thr	Ala 140	Leu	Gln	Asn	Ala	

Lys Tyr Glu Gly Trp Tyr Met Ala Phe Thr Arg Lys Gly Arg Pro Arg 150 145 Lys Gly Ser Lys Thr Arg Gln His Gln Arg Glu Val His Phe Met Lys 170 165 Arg Leu Pro Arg Gly His His Thr Thr Glu Gln Ser Leu Arg Phe Glu 185 Phe Leu Asn Tyr Pro Pro Phe Thr Arg Ser Leu Arg Gly Ser Gln Arg 205 200 Thr Trp Ala Pro Glu Pro Arg 210 <210> 7 <211> 2256 <212> DNA <213> Mus musculus <220> <221> CDS <222> (1)..(2256) <400> 7 atg tgg aac gca ctg cag gac aga gac tcc gcg gag gtc ctg gga cac Met Trp Asn Ala Leu Gln Asp Arg Asp Ser Ala Glu Val Leu Gly His 10 cgc cag cgc tgg ctc cgt gtt ggg aca ctg gtg ctg gct tta acc gga Arg Gln Arg Trp Leu Arg Val Gly Thr Leu Val Leu Ala Leu Thr Gly 20 144 acc ttc ctc att ggc ttc ctc ttt ggg tgg ttt ata aaa cct tcc aat Thr Phe Leu Ile Gly Phe Leu Phe Gly Trp Phe Ile Lys Pro Ser Asn 35 gaa gct act ggt aat gtt tcc cat tct ggc atg aag aag gag ttt ttg 192 Glu Ala Thr Gly Asn Val Ser His Ser Gly Met Lys Lys Glu Phe Leu 60 50 55 cat gaa ttg aag gct gag aac atc aaa aaa ttt tta tac aat ttc aca His Glu Leu Lys Ala Glu Asn Ile Lys Lys Phe Leu Tyr Asn Phe Thr 75 70 cgg aca cca cac ttg gca gga aca caa aat aat ttt gag ctt gca aag Arg Thr Pro His Leu Ala Gly Thr Gln Asn Asn Phe Glu Leu Ala Lys 85

	att Ile													gag Glu		336
														cct Pro		384
														aca Thr		432
		_	_											gta Val		480
			_	_										gat Asp 175		528
														gaa Gļu		576
														tat Tyr		624
														GJ y ggg		672 ,
Lys 225	Gly	Met	Ile	Leu	Tyr 230	Ser	Asp	Pro	Ala	Asp 235	Tyr	Phe	Val	Pro	240	720
														gtc Val 255		768
														aca Thr		816
														aac Asn		864
-				-										gat Asp		912

							_				gca Ala 315						960
		-									gtg Val					-	1008
							_	-	_	_	cat His						1056
-				-				-	•		acc Thr				-	_	1104
•	•		-	_		-					cac His	-	-	_		-	Î152 Î
					-		-	_		-	gct Ala 395	_	-		-		1200
								_	-		gga Gly						1248
						-		-	-	-	gaa Glu						1296
					-		•			-	ctc Leu				-		1344
		-									gaa Glu						1392
	-	-	-	-			_	_		_	tta Leu 475						1440
			_		-		-	-			gaa Glu						1488
											gag Glu						1536

att Ile													1584
ctt Leu 530													1632
aac Asn													1680
gag Glu													1728
gtg Val	-	Val											``1776 [*] `
gtg Val			-			-							1824
gct Ala 610	_						_						1872
gct Ala													1920
aca Thr												gac Asp	1968
agc Ser		Ile		_	-		_	-	_	-	_	tat Tyr	2016
gaa Glu													2064
agg Arg 690	His			_	Pro	_	-					gga Gly	2112
tca Ser				Tyr				Asp					2160

gtc aat gct tct aag gcc tgg aac gaa gtg aag aga cag att tct att 2208 Val Asn Ala Ser Lys Ala Trp Asn Glu Val Lys Arg Gln Ile Ser Ile 725 730 735

gca acc ttt aca gtg caa gct gca gca gag act ctg agg gaa gta gct 2256
Ala Thr Phe Thr Val Gln Ala Ala Ala Glu Thr Leu Arg Glu Val Ala
740 745 750

<210> 8 <211> 752

<212> PRT

<213> Mus musculus

<400> 8

Met Trp Asn Ala Leu Gln Asp Arg Asp Ser Ala Glu Val Leu Gly His

1 -- 5- 10 15

Arg Gln Arg Trp Leu Arg Val Gly Thr Leu Val Leu Ala Leu Thr Gly
20 25 30

Thr Phe Leu Ile Gly Phe Leu Phe Gly Trp Phe Ile Lys Pro Ser Asn 35 40 45

Glu Ala Thr Gly Asn Val Ser His Ser Gly Met Lys Lys Glu Phe Leu 50 55 60

His Glu Leu Lys Ala Glu Asn Ile Lys Lys Phe Leu Tyr Asn Phe Thr 65 70 75 80

Arg Thr Pro His Leu Ala Gly Thr Gln Asn Asn Phe Glu Leu Ala Lys
85 90 95

Gln Ile His Asp Gln Trp Lys Glu Phe Gly Leu Asp Leu Val Glu Leu 100 105 110

Ser His Tyr Asp Val Leu Leu Ser Tyr Pro Asn Lys Thr His Pro Asn 115 120 125

Tyr Ile Ser Ile Ile Asn Glu Asp Gly Asn Glu Ile Phe Lys Thr Ser 130 135 140

Leu Ser Glu Gln Pro Pro Pro Gly Tyr Glu Asn Ile Ser Asp Val Val 145 150 155 160

Pro Pro Tyr Ser Ala Phe Ser Pro Gln Gly Thr Pro Glu Gly Asp Leu 165 170 175

Val Tyr Val Asn Tyr Ala Arg Thr Glu Asp Phe Phe Lys Leu Glu Arg 180 185 190

Glu Met Lys Ile Ser Cys Ser Gly Lys Ile Val Ile Ala Arg Tyr Gly 195 200 205

Lys	Val 210	Phe	Arg	Gly	Asn	Met 215	Val	Lys	Asn	Ala	Gln 220	Leu	Ala	Gly	Ala
Lys 225	Gly	Met	Ile	Leu	Tyr 230	Ser	Asp	Pro	Ala	Asp 235	Tyr	Phe	Val	Pro	Ala 240
Val	Lys	Ser	Tyr	Pro 245	Asp	Gly	Trp	Asn	Leu 250	Pro	Gly	Gly	Gly	Val 255	Gln
Arg	Gly	Asn	Val 260	Leu	Asn	Leu	Asn	Gly 265	Ala	Gly	Asp	Pro	Leu 270	Thr	Pro
Gly	Tyr	Pro 275	Ala	Asn	Glu	His	Ala 280	Tyr	Arg	His	Glu	Leu 285	Thr	Asn	Ala
Val -	Gly 290		Pro	Ser	Ile	Pro 295	Val	His	Pro	Ile	Gly 300	Tyr	Asp	Asp	Ala
Gln 305	Lys	Leu	Leu	Glu	His 310	Met	Gly	Gly	Pro	Ala 315	Pro	Pro	Asp	Ser	Ser 320
Trp	Lys	Gly	Gly	Leu 325	Lys	Val	Pro	Tyr	Asn 330	Val	Gly	Pro	Gly	Phe 335	Ala
Gly	Asn	Phe	Ser 340	Thr	Gln	Lys	Val	Lys 345	Met	His	Ile	His	Ser 350	Tyr	Thr
Lys	Val	Thr 355	Arg	Ile	Tyr	Asn	Val 360	Ile	Gly	Thr	Leu	Lys 365	Gly	Ala	Leu
Glu	Pro 370		Arg	Tyr	Val	Ile 375	Leu	Gly	Gly	His	Arg 380	Asp	Ala	Trp	Val
Phe 385	Gly	Gly	Ile	Asp	Pro 390	Gln	Ser	Gly	Ala	Ala 395	Val	Val	His	Glu	11e 400
Val	Arg	Ser	Phe	Gly 405	Thr	Leu	Lys	Lys	Lys 410	Gly	Arg	Arg	Pro	Arg 415	Arg
Thr	Ile	Leu	Phe 420	Ala	Ser	Trp	Asp	Ala 425	Glu	Glu	Phe	Gly	Leu 430	Leu	Gly
Ser	Thr	Glu 435	Trp	Ala	Glu	Glu	His 440	Ser	Arg	Leu	Leu	Gln 445	Glu	Arg	Gly
Val	Ala 450	Tyr	Ile	Asn	Ala	Asp 455	Ser	Ser	Ile	Glu	Gly 460	Asn	Tyr	Thr	Leu
Arg 465	Val	Asp	Суз	Thr	Pro 470	Leu	Met	Tyr	Ser	Leu 475	Val	Tyr	Asn	Leu	Thr 480
Lys	Glu	Leu	Gln	Ser 485	Pro	Asp	Glu	Gly	Phe 490	Glu	Gly	Lys	Ser	Leu 495	Tyr

- Asp Ser Trp Lys Glu Lys S r Pro Ser Pro Glu Phe Ile Gly M t Pro
 .500 505 510
- Arg Ile Ser Lys Leu Gly Ser Gly Asn Asp Phe Glu Val Phe Phe Gln 515 520 525
- Arg Leu Gly Ile Ala Ser Gly Arg Ala Arg Tyr Thr Lys Asn Trp Lys $5\bar{3}\bar{0}$ $53\bar{5}$ 540
- Thr Asn Lys Val Ser Ser Tyr Pro Leu Tyr His Ser Val Tyr Glu Thr 545 550 555 560
- Tyr Glu Leu Val Lys Phe Tyr Asp Pro Thr Phe Lys Tyr His Leu 565 570 575
- Thr Val Ala Gln Val Arg Gly Ala Met Val Phe Glu Leu Ala Asn Ser 580 585 590
- Ile Val Leu Pro Phe Asp Cys Gln Ser Tyr Ala Val Ala Leu Lys Lys 595 600 605
- Tyr Ala Asp Thr Ile Tyr Asn Ile Ser Met Lys His Pro Gln Glu Met 610 615 620
- Lys Ala Tyr Met Ile Ser Phe Asp Ser Leu Phe Ser Ala Val Asn Asn 625 630 635 640
- Phe Thr Asp Val Ala Ser Lys Phe Asn Gln Arg Leu Gln Glu Leu Asp 645 650 655
- Lys Ser Asn Pro Ile Leu Leu Arg Ile Met Asn Asp Gln Leu Met Tyr 660 670
- Leu Glu Arg Ala Phe Ile Asp Pro Leu Gly Leu Pro Gly Arg Pro Phe 675 680 685
- Tyr Arg His Thr Ile Tyr Ala Pro Ser Ser His Asn Lys Tyr Ala Gly 690 695 700
- Glu Ser Phe Pro Gly Ile Tyr Asp Ala Leu Phe Asp Ile Ser Ser Lys 705 710 715 720
- Val Asn Ala Ser Lys Ala Trp Asn Glu Val Lys Arg Gln Ile Ser Ile 725 730 735
- Ala Thr Phe Thr Val Gln Ala Ala Ala Glu Thr Leu Arg Glu Val Ala 740 745 750

<210> 9

<211> 2082

<212> DNA

<213	> Mu	ıs mı	ıscul	lus											
	.> CI	os L)	(2082	2)											
<400)> 9														
_	•	_							-		aac Asn				48
									_	-	gga Gly				96
				-	_			-	•		aaa Lys 45	-			144
_	-	_	_					_	-	-	ctg Leu				192
											gaa Glu	-			240
							-	_			cca Pro				288
			-	_				-	-		tct Ser				336
				_			-			-	cga Arg 125		-	-	384
											tct Ser				432
	Ile										atg Met				480
_							_		-		tca Ser				528

														aac Asn		576
														ggt Gly		624
														tat Tyr		672
F								•						cat His	Pro 240	720
				Asp	Ala									ggt Gly 255	cca Pro	768
														tac Tyr		816
	-				-									aag Lys	atg Met	864
															ggc Gly	912
•															ggt Gly 320	960
		_	-	-	 Val	Phe		Gly	Ile	Asp	Pro	Gln	Ser		gca Ala	1008
														Lys	aaa Lys	1056
													Asp		gaa Glu	1104
			Gly				Thr					Glu			aga Arg	1152

				_		_	-				-	•		tcc Ser		1200
_						-	-	-	-			-	_	tac Tyr 415	-	1248
														ggt Gly		1296
-										_	_	_		tca Ser		1344
														aat Asn		1392
														gcc Ala		1440
									-	_				ctc Leu 495		1488
	_							_	-	_				gac Asp		1536
Thr	Phe	Lys 515	Tyr	His	Leu	Thr	Val 520	Ala	Gln	Val	Arg	Gly 525	Ala	atg Met	Val	1584
														agt Ser		1632
														tca Ser		1680
				-	_	_	_		_				-	tca Ser 575	-	1728
								_	_	-		_		aat Asn	-	1776

							-						aga Arg		_	1824
													cct Pro			1872
												_	cca Pro	-	-	1920
													gat Asp			1968
				Ser									aac Asn 670			2016
-	-					_						-	gca Ala	_		2064
	ctg Leu 690											•				2082
<211 <212)> 10 L> 69 2> PF 3> Mu	94 RT	ıscul	lus			٠								·	
<211 <212 <213	L> 69 2> PF	94 RT 15 mi	ıscul	lus												
<211 <212 <213	L> 69 2> PF 3> Mu 0> 10	94 RT 15 mi			Leu	His	Glu	Leu	Lys 10	Ala	Glu	Asn	Ile	Lys 15	Lys	
<211 <212 <213 <400 Met	L> 69 2> PF 3> Mu D> 10 Lys	94 RT 15 mu) Lys	Glu	Phe 5					10				Ile Thr	15	_	
<211 <212 <213 <400 Met 1	l> 69 2> PF 3> Mu 0> 10 Lys Leu	94 RT 15 mu) Lys Tyr	Glu Asn 20	Phe 5 Phe	Thr	Arg	Thr	Pro 25	10 His	Leu	Ala	Gly	Thr	15 Gln	Asn	
<211 <212 <213 <400 Met 1 Phe	l> 69 2> PF 3> Mu 0> 10 Lys Leu	O4 RT IS MU Lys Tyr Glu 35	Glu Asn 20 Leu	Phe 5 Phe Ala	Thr Lys	Arg Gln	Thr Ile 40	Pro 25 His	10 His	Leu	Ala Trp	Gly Lys 45	Thr 30	15 Gln Phe	Asn Gly	
<211 <212 <213 <400 Met 1 Phe Asn Leu	l> 69 2> PF 3> Mu 0> 10 Lys Leu Phe Asp 50	Glu 35 Leu	Glu Asn 20 Leu Val	Phe 5 Phe Ala Glu	Thr Lys Leu	Arg Gln Ser 55	Thr Ile 40 His	Pro 25 His	10 His Asp	Leu Gln Val	Ala Trp Leu 60	Gly Lys 45 Leu	Thr 30 Glu	15 Gln Phe Tyr	Asn Gly Pro	

Asn	Ile	Ser	Asp 100	Val	Val	Pro	Pro	Tyr 105	Ser	Ala	Phe	Ser	Pro 110	Gln	Gly
Thr	Pro	Glu 115	Gly	Asp	Leu	Val	Tyr 120	Val	Asn	Tyr	Ala	Arg 125	Thr	Glu	Asp
Phe	Phe 130	Lys	Leu	Glu	Arg	Glu 135	Met	Lys	Ile	Ser	Cys 140	Ser	Gly	Lys	Ile
Val 145	Ile	Ala	Arg	Tyr	Gly 150	Lys	Val	Phe	Arg	Gly 155	Asn	Met	Val	Lys	Asn 160
Ala	Gln	Leu	Ala	Gly 165	Ala	Lys	Gly		Ile 170	Leu	Tyr	Ser	Asp	Pro 175	Ala
Asp	Tyr	Phe	Val 180		Ala	Val		Ser 185	Tyr	Pro	Asp	Gly	Trp 190	Aşņ	Leu
Pro	Gly	Gly 195	Gly	Val	Gln	Arg	Gly 200	Asn	Val	Leu	Asn	Leu 205	Asn	Gly	Ala
Gly	Asp 210	Pro	Leu	Thr	Pro	Gly 215	Tyr	Pro	Àla	Asn	Glu 220	His	Ala	Tyr	Arg
His 225	Glu	Leu	Thr	Asn	Ala 230	Val	Gly	Leu	Pro	Ser 235	Ile	Pro	Val	His	Pro 240
Ile	Gly	Tyr	Asp	Asp 245	Ala	Gln	Lys	Leu	Leu 250	Glu	His	Met	Gly	Gly 255	Pro
Ala	Pro	Pro	Asp 260	Ser	Ser	Trp	Lys	Gly 265	Gly	Leu	Lys	Val	Pro 270	Tyr	Asn
Val	Gly	Pro 275		Phe	Ala	Gly	Asn 280	Phe	Ser	Thr	Gln	Lys 285	Val	Lys	Met
	290			-		295					300			Ile	
Thr 305	Leu	Lys	Gly	Ala	Leu 310	Glu	Pro	Asp	Arg	Tyr 315	Val	Ile	Leu	Gly	Gly 320
His	Arg	Asp		Trp 325	Val	Phe	Gly	Gly	Ile 330	Asp	Pro	Gln	Ser	Gly 335	Ala
Ala	Val	Val	His 340	Glu	Ile	Val	Arg	Ser 345	Phe	Gly	Thr	Leu	Lys 350	Lys	Lys
Gly	Arg	Arg 355		Arg	Arg	Thr	Ile 360	Leu	Phe	Ala	Ser	Trp 365		Ala	Glu
Glu	Phe 370		Leu	Leu	Gly	Ser 375	Thr	Glu	Trp	Ala	Glu 380	Glu	His	Ser	Arg

Leu 385	Leu	Gln	Glu	Arg	Gly 390	Val	Ala	Tyr	Ile	Asn 395	Ala	Asp	Ser	Ser	Ile 400
Glu	Gly	Asn	_	Thr 405	Leu	Arg	Val	Asp	Cys 410	Thr	Pro	Leu	Met	Tyr 415	Ser
Leu	Val	Tyr	Asn 420	Leu	Thr	Lys	Glu	Leu 425	Gln	Ser	Pro	Asp	Glu 430	Gly	Phe
Glu	Gly	Lys 435	Ser	Leu	Ťyr	Asp	Ser 440	Tŕp	Lys	Glu	Lÿs	Ser 445	Pro	Ser	Pro
Glu	Phe 450	Ile	Gly	Met	Pro	Arg. 455	·Ile	Seŗ	Lys	Leu	Gly 460	Ser	Gly	Asn	Asp
Phe 465		Val	Phe		Gln 470	-	Leu	Gly	Ile	Ala 475	Ser	Gly	Arg	Ala	Arg 480
Tyr	Thr	Lys	Asn	Trp 485	Lys	Thr	Asn	Lys	Val 490	Ser	Ser	Tyr	Pro	Leu 495	Tyr
His	Ser	Val	Tyr 500	Glu	Thr	Tyr	Glu	Leu 505	Val	Val	Lys	Phe	Тул 510	Asp	Pro
Thr	Phe	Lys 515	Tyr	His	Leu	Thr	Val 520	Ala	Gln	Val	Arg	Gly 525	Ala	Met	Val
Phe	Glu 530	Leu	Ala	Asn	Ser	Ile 535	Val	Leu	Pro	Phe	Asp 540	Cys	Gln	Ser	Tyr
Ala 545		Ala	Leu	Lys	Lys 550	Tyr	Ala	Asp	Thr	Ile 555	Tyr	Asn	Ile	Ser	Met 560
Lys	His	Pro	Gln	G1u 565	Met	Lys	Ala	Tyr	Met 570	Ile	Ser	Phe	Asp	Ser 575	Leu
Phe	Ser	Ala	Val 580	Asn	Asn	Phe	Thr	Asp 585	Val	Ala	Ser	Lys	Phe 590	Asn	Gln
Arg	Leu	Gln 595	Glu	Leu	Asp	Lys	Ser 600	Asn	Pro	Ile	Leu	Leu 605	Arg	Ile	Met
Asn	Asp 610	Gln	Leu	Met	Tyr	Leu 615	Glu	Arg	Ala	Phe	Ile 620	Asp	Pro	Leu	Gly
Leu 625		Gly	Arg	Pro	Phe 630	Tyr	Arg	His	Thr	Ile 635	Tyr	Ala	Pro	Ser	Ser 640
His	Asn	Lys	Tyr	Ala 645	Gly	Glu	Ser	Phe	Pro 650	Gly	Ile	Tyr	Asp	Ala 655	Leu
Phe	Asp	Ile	Ser 660	Ser	Lys	Val	Asn	Ala 665	Ser	Lys	Ala	Trp	Asn 670	Glu	Val

WO 00/20027 PCT/DK99/00525

34

Lys Arg Gln Ile Ser Ile Ala Thr Phe Thr Val Gln Ala Ala Ala Glu 675 680 685

Thr Leu Arg Glu Val Ala 690

<210> 11

<211> 45

<212> DNA

<213> Clostridium tetani

<220>

<221> CDS

<222> (1)..(45)

<400> 11

cag tac atc aaa gct aac tcc aaa ttc atc ggt atc acc gag ctg
Gln Tyr Ile Lys Ala Asn Ser Lys Phe Ile Gly Ile Thr Glu Leu
1 5 10 15

<210> 12

<211> 15

<212> PRT

<213> Clostridium tetani

<400> 12

Gln Tyr Ile Lys Ala Asn Ser Lys Phe Ile Gly Ile Thr Glu Leu 1 5 10 15

<210> 13

<211> 63

<212> DNA

<213> Clostridium tetani

<220>

<221> CDS

<222> (1)..(63)

<400> 13

ttc aac aac ttc acc gta agc ttc tgg ctg cgt gtt ccg aaa gtt agc 48
Phe Asn Asn Phe Thr Val Ser Phe Trp Leu Arg Val Pro Lys Val Ser
1 5 10 15

gct agc cac ctg gaa Ala Ser His Leu Glu 63

20

```
<210> 14
```

<211> 21

<212> PRT

<213> Clostridium tetani

<400> 14

Phe Asn Asn Phe Thr Val Ser Phe Trp Leu Arg Val Pro Lys Val Ser 1 5 10 15

Ala Ser His Leu Glu 20

<210> 15

<211> 25

<212> PRT

<213> Artificial Sequence

<220>

<223> Description of Artificial Sequence: Fusion of tetanus toxoid epitope and PSM

<400> 15

Gln Glu Arg Gly Val Gln Tyr Ile Lys Ala Asn Ser Lys Phe Ile Gly
1 5 10 15

Ile Thr Glu Leu Arg Val Asp Cys Thr 20 25

<210> 16

<211> 25

<212> PRT

<213> Artificial Sequence

<220>

<223> Description of Artificial Sequence: Fusion of tetanus toxoid epitope and PSM

<400> 16

Ala Val Val Leu Arg Gln Tyr Ile Lys Ala Asn Ser Lys Phe Ile Gly
1 5 10 15

Ile Thr Glu Leu Glu Met Lys Thr Tyr 20 25

<210> 17

<211> 25

<212> PRT

<213> Artificial Sequ nce

<220>

<223> Description of Artificial Sequence: Fusion of tetanus toxoid epitope and PSM

<400> 17

Met Phe Leu Glu Arg Gln Tyr Ilc Lys Ala Asn Ser Lys Phe Ile Gly
1 5 10 15

Ile Thr Glu Leu His Val Ile Tyr Ala 20 25

<210> 18

<211> 31

<212> PRT

<213> Artificial Sequence

<220>

<223> Description of Artificial Sequence: Fusion of tetanus toxoid epitope and PSM

<400> 18

Asn Ser Arg Leu Leu Phe Asn Asn Phe Thr Val Ser Phe Trp Leu Arg

1 5 10 15

Val Pro Lys Val Ser Ala Ser His Leu Glu Val Asp Cys Thr Pro 20 25 30

<210> 19

<211> 31

<212> PRT

<213> Artificial Sequence

<220>

<223> Description of Artificial Sequence: Fusion of tetanus toxoid epitope and PSM

<400> 19

Val Val Leu Arg Lys Phe Asn Asn Phe Thr Val Ser Phe Trp Leu Arg

1 5 10 15

Val Pro Lys Val Ser Ala Ser His Leu Glu Ser Phe Asp Ser Leu
20 25 30

<210> 20

<211> 31

```
<212> PRT
```

<213> Artificial Sequence

<220>

<223> Description of Artificial Sequence: Fusion of tetanus toxoid epitope and PSM

Leu Met Phe Leu Glu Phe Asn Asn Phe Thr Val Ser Phe Trp Leu Arg 5 10

Val Pro Lys Val Ser Ala Ser His Leu Glu Pro Ser Ser His Asn 25

<210> 21

<211> 18

<212> DNA

<213> Artificial Sequence

<220>

<223> Description of Artificial Sequence: Artificial His

18

<220>

<221> CDS

<222> (1)..(18)

<400> 21

cat cat cat cat cat His His His His His

<210> 22

<211> 6

<212> PRT

<213> Artificial Sequence

<223> Description of Artificial Sequence: Artificial His tag

<400> 22

His His His His His 1

<210> 23

<211> 42

<212> DNA

<213> Artificial Sequence

<220> <223> Description of Artificial Sequence: Artificial His tag <220> <221> CDS <222> (1)..(42) <400> 23 atg aaa cac caa cac caa cat caa cat caa cat caa cat caa 42 Met Lys His Gln His Gln His Gln His Gln His Gln His Gln 5 10 <210> 24 <211> 14 <212> PRT <213> Artificial Sequence <223> Description of Artificial Sequence: Artificial His <400> 24 Met Lys His Gln His Gln His Gln His Gln His Gln His Gln 5 <210> 25 <211> 69 <212> DNA <213> Mus musculus <220> <221> CDS <222> (1)..(69) <400> 25 atg gat gca atg aag aga ggg ctc tgc tgt gtg ctg ctg tgt gga 48 Met Asp Ala Met Lys Arg Gly Leu Cys Cys Val Leu Leu Cys Gly 1 5 69 gca gtc ttc gtt tcg ccc agc Ala Val Phe Val Ser Pro Ser 20 <210> 26 <211> 23 <212> PRT <213> Mus musculus <400> 26

39

Met Asp Ala Met Lys Arg Gly Leu Cys Cys Val Leu Leu Cys Gly

```
15
Ala Val Phe Val Ser Pro Ser
             20
<210> 27
<211> 33
<212> DNA
<213> Homo sapiens
<220>
<221> CDS
<222> (1)..(33)
<400> 27
                                                                   33
gaa caa aaa ctc atc tca gaa gag gat ctg aat
Glu Gln Lys Leu Ile Ser Glu Glu Asp Leu Asn
                  5
                                     10
<210> 28
<211> 11
<212> PRT
<213> Homo sapiens
<400> 28
Glu Gln Lys Leu Ile Ser Glu Glu Asp Leu Asn
                  5
<210> 29
<211> 75
 <212> DNA
<213> Homo sapiens
 <220>
 <221> CDS
 <222> (1)..(75)
 <400> 29
 atg aag gat too tgc atc act gtg atg gcc atg gcg ctg ctg tct ggg
 Met Lys Asp Ser Cys Ile Thr Val Met Ala Met Ala Leu Leu Ser Gly
                   5
  1
                                                                    75
 ttc ttt ttc ttc gcg ccg gcc tcg agc
 Phe Phe Phe Ala Pro Ala Ser Ser
```

```
<210> 30
<211> 25
<212> PRT
<213> Homo sapiens
<400> 30
Met Lys Asp Ser Cys Ile Thr Val Met Ala Met Ala Leu Leu Ser Gly
                                     10
Phe Phe Phe Ala Pro Ala Ser Ser
             20
<210> 31
<211> 60
<212> DNA
<213> Mus musculus
<220>
<221> CDS
<222> (1)..(60)
<400> 31
atg aga agg atg ctt ctg cac ttg agt gtt ctg act ctc agc tgt gtc
                                                                   48
Met Arg Arg Met Leu Leu His Leu Ser Val Leu Thr Leu Ser Cys Val
                  5
  1
                                     10
                                                                   60
tgg gcc act gcc
Trp Ala Thr Ala
             20
<210> 32
<211> 20
<212> PRT
<213> Mus musculus
Met Arg Arg Met Leu Leu His Leu Ser Val Leu Thr Leu Ser Cys Val
                                                          15
                                     10
  1
Trp Ala Thr Ala
             20
<210> 33
<211> 20
```

<400> 33

<212> PRT

<213> Homo sapiens

Pro Ala Pro Gly Ser Thr Ala Pro Pro Ala His Gly Val Thr Ser Ala 1 5 10 15

Pro Asp Thr Arg

PCT

WORLD INTELLECTUAL PROPERTY ORGANIZATION International Bureau



INTERNATIONAL APPLICATION PUBLISHED UNDER THE PATENT COOPERATION TREATY (PCT)

(51) International Patent Classification 7:
A61K 38/17, 38/18, C07K 14/50,
14/705, 14/71, C12N 15/63, 5/16, 15/12

| A3

(11) International Publication Number:

WO 00/20027

(43) International Publication Date:

13 April 2000 (13.04.00)

(21) International Application Number:

PCT/DK99/00525

(22) International Filing Date:

5 October 1999 (05.10.99)

(30) Priority Data:

PA 1998 01261 60/105,011 5 October 1998 (05.10.98) 20 October 1998 (20.10.98) DK US

(71) Applicant (for all designated States except US): M & E BIOTECH A/S [DK/DK]; Kogle Allé 6, DK-2970 Hørsholm (DK).

(72) Inventors; and

(75) Inventors/Applicants (for US only): STEINAA, Lucilla [DK/DK]; Viktoriagade 28, 3. th., DK-1655 København V (DK). MOURITSEN, Søren [DK/DK]; Lindevangsvej 24, DK-3460 Birkerød (DK). NIELSEN, Klaus, Gregorius [DK/DK]; Lykkesborg Allé 15, DK-2860 Søborg (DK). HAANING, Jesper [DK/DK]; Biskop Svanes Vej 2E, DK-3460 Birkerød (DK). LEACH, Dana [US/DK]; Ved Store Dyrehave 44, DK-3400 Hillerød (DK). DALUM, Iben [DK/DK]; Olgasvej 13, DK-2970 Hørsholm (DK). GAUTAM, Anand [GB/DK]; Ved Store Dyrehave 22, st.tv., DK-3400 Hillerød (DK). BIRK, Peter [DK/DK]; Rudolph Berghsgade 5, DK-2100 København ø (DK).

KARLSSON, Gunilla [SE/DK]; Collinsgade 6A, 3. tv., DK-2100 København ø (DK).

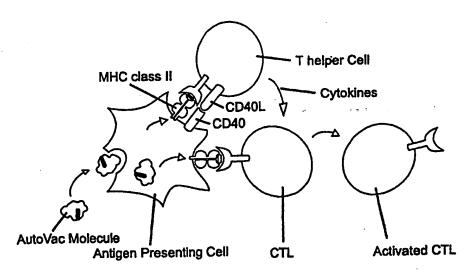
- (74) Agent: PLOUGMANN, VINGTOFT & PARTNERS A/S; Sankt Annae Plads 11, P.O. Box 3007, DK-1021 Copenhagen K (DK).
- (81) Designated States: AE, AL, AM, AT, AT (Utility model), AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CR, CU, CZ, CZ (Utility model), DE, DE (Utility model), DK, DK (Utility model), DM, EE, EE (Utility model), ES, FI, FI (Utility model), GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SK (Utility model), SL, TJ, TM, TR, TT, UA, UG, US, UZ, VN, YU, ZA, ZW, ARIPO patent (GH, GM, KE, LS, MW, SD, SL, SZ, TZ, UG, ZW), Eurasian patent (AM, AZ, BY, KG, KZ, MD, RU, TJ, TM), European patent (AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE), OAPI patent (BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG).

Published

With international search report.

(88) Date of publication of the international search report: 12 October 2000 (12.10.00)

(54) Title: METHODS FOR THERAPEUTIC VACCINATION



(57) Abstract

A method is disclosed for inducing cell-mediated immunity against cellular antigens. More specifically, the invention provides for a method for inducing cytotoxic T-lymphocyte immunity against weak antigens, notably self-proteins. The method entails that antigen presenting cells are induced to present at least one CTL epitope of the weak antigen and at the same time presenting at least one foreign T-helper lymphocyte epitope. In a preferred embodiment, the antigen is a cancer specific antigen, e.g. PSM, Her2, or FGF8b. The method can be exercised by using traditional polypeptide vaccination, but also by using live attenuated vaccines or nucleic acid vaccination. The invention furthermore provides immunogenic analogues of PSM, Her2 and FGF8b, as well as nucleic acid molecules encoding these analogues. Also vectors and transformed cells are disclosed. The invention also provides for a method for identification of immunogenic analogues of weak or non-immunogenic antigens.

FOR THE PURPOSES OF INFORMATION ONLY

Codes used to identify States party to the PCT on the front pages of pamphlets publishing international applications under the PCT.

AL	Albania .	ES	Spain	LS	Lesotho	SI	Slovenia
AM	Armenia	FI	Finland	LT	Lithuania	SK	Slovakia
AT	Austria	FR	France	LU	Luxembourg	SN	Senegal
ΑŬ	Australia	GA	Gabon	LV	Latvia	SZ	Swaziland
AZ.	Azerbaijan	GB	United Kingdom	MC	Monaco	TD	Chad
BA	Bosnia and Herzegovina	GE	Georgia	MD	Republic of Moldova	TG	Togo
BB	Barbados	GH	Ghana	MG	Madagascar	TJ	Tajikistan
BÉ	Belgium	GN	Guinea	MK	The former Yugoslav	TM	Turkmenistan
BF	Burkina Faso	GR	Greece		Republic of Macedonia	TR	Turkey
BG	Bulgaria	HU	Hungary	ML	Mali	TT	Trinidad and Tobago
BJ	Benin	Œ	Ireland	MN	Mongolia	UA	Ukraine
BR	Brazil	IL	Israel	MR	Mauritania	UG	Uganda
BY	Belarus	IS	Iceland	MW	Malawi	US	United States of Americ
CA	Canada	п	Italy	MX	Mexico	UZ	Uzbekistan
CP CP	Central African Republic	JP	Japan	NE	Niger	VN	Viet Nam
CG	Congo	KE	Kenya	NL	Netherlands .	YU	Yugoslavia
CH	Switzerland	KG	Kyrgyzstan	NO	Norway	zw	Zimbabwe
CI	Côte d'Ivoire	KP	Democratic People's	NZ	New Zealand		
CM	Cameroon		Republic of Korea	PL	Poland		
CN	China	KR	Republic of Korea	PT	Portugal		
CU	Cuba	KZ	Kazakstan	RO	Romania		
cz	Czech Republic	LC	Saint Lucia	RU	Russian Federation		
DE	Germany	u	Liechtenstein	SD	Sudan		
DK	Denmark	LK	Sri Lanka	SE	Sweden		
EE	Estonia	LR	Liberia	SG	Singapore		

INTERNATIONAL SEARCH REPORT

Internal and Application No PCT/DK 99/00525

L CLASSIFI	CATION OF SUBJECT MATTER A61K38/17 A61K38/18 C12N15/63 C12N5/16	C07K14/50 C12N15/12	C07K14/705	C07K14/71
According to	International Patent Classification (IPC) or to bot	h national classification	and IPC	
. FIELDS S	EARCHED amentation searched (classification system folk	wed by alogaification ma	mhole)	
Alalmum doo IPC 7		mod by classification by	,	
	on searched other than minimum documentation			
Electronic da	tta base consulted during the International search	h (name of data base ar	nd, where practical, search	terms used)
			arri .	<u></u>
C. DOCUMI	ENTS CONSIDERED TO BE RELEVANT			
Category *	Citation of document, with indication, where a	opropriate, of the relevan	nt passages	Relevant to claim No.
X	DALUM I ET AL: "Induc cross-reactive antibod protein by immunizatio self protein containin epitope." MOLECULAR IMMUNOLOGY, (16-17) 1113-20., XPO the whole document	ies against a n with a modi g a foreign T (1997 NOV-DEC	fied helper	1-53
X	WO 95 05849 A (MOURITS; MOURITSEN SOEREN (DK) (DK)) 2 March 1995 (19) the whole document	; ELSNER HENI	A S RIK	1-53
	rther documents are listed in the continuation of	box C.	Y Patent family mem	bers are listed in annex.
* Special of Constant	categories of cited documents: ment defining the general state of the art which is sidered to be of particular relevance or document but published on or after the internal of date this cited to establish the publication date of and tion or other special reason (as specified) ment referring to an oral disclosure, use, exhibit or means ment published prior to the international filling dar or than the priority date claimed the actual completion of the international search	s not sional "X or ther "Y on or	later document published or priority date and not cited to understand the invention. document of particular recannot be considered rinvolve an inventive star document of particular recannot be considered to document is combined ments, such combination the art. document member of the light	d after the international filling date in conflict with the application but principle or theory underlying the elevance; the claimed invention novel or cannot be considered to be when the document is taken alone elevance; the claimed invention to involve an inventive step when the with one or more other such document being obvious to a person skilled
Name en	d mailing address of the ISA		Authorized officer	
Lesum an	European Patent Office, P.B. 5818 Paten NL – 2280 HV Rijswijk Tel. (+31-70) 340-2040, Tx. 31 651 epo	1	Mennessie	r. T

International application No. PCT/DK 99/00525

INTERNATIONAL SEARCH REPORT

Box I	Observations where certain claims were found unsearchable (Continuation of item 1 of first sheet)
This Inte	mational Search Report has not been established in respect of certain claims under Article 17(2)(a) for the following reasons:
1.	Claims Nos.: because they relate to subject matter not required to be searched by this Authority, namely:
	Although claims 1-47 are directed to a method of treatment of the human/animal body, the search has been carried out and based on the alleged effects of the epitopes.
2.	Claims Nos.: because they relate to parts of the International Application that do not comply with the prescribed requirements to such an extent that no meaningful International Search can be carried out, specifically:
3.	Claims Nos.: because they are dependent claims and are not drafted in accordance with the second and third sentences of Rule 6.4(a).
Box II	Observations where unity of invention is lacking (Continuation of Item 2 of first sheet)
This Int	emational Searching Authority found multiple inventions in this international application, as follows:
1.	As all required additional search fees were timely paid by the applicant, this International Search Report covers all searchable claims.
2.	As all searchable claims could be searched without effort justifying an additional fee, this Authority did not invite payment of any additional fee.
3.	As only some of the required additional search fees were timely paid by the applicant, this International Search Report covers only those claims for which fees were paid, specifically claims Nos.:
4. [No required additional search fees were timely paid by the applicant. Consequently, this International Search Report is restricted to the invention first mentioned in the claims; it is covered by claims Nos.:
Rema	The additional search fees were accompanied by the applicant's protest. No protest accompanied the payment of additional search fees.

INTERNATIONAL SEARCH REPORT

Information on patent family members

Intern. .iai Application No PCT/DK 99/00525

Patent document cited in search report	t	Publication date		Patent family member(s)	Publication date
WO 9505849	Α	02-03-1995	AT	162723 T	15-02-1998
			AU	707083 B	01-07-1999
			AU	7009198 A	30-07-1998
			AU	7608094 A	21-03-1995
			CA	2170236 A	02-03-1995
•			DE	69408342 D	05-03-1998
			DĒ	69408342 T	14-05-1998
			DK	752886 T	04-05-1998
			EP	0752886 A	15-01-1997
			ES '	2112559 T	01-04-1998
			GR	3026419 T	30-06-1998
			JP	9505031 T	20-05-1997